DOCUMENT RESUME

ED 371 852 PS 022 446

TITLE	Family and Community Support: Coordinated Education, Health and Human Services. The Commissioner's Critical Issue Analysis Series Number 2.
INSTITUTION	Texas Education Agency, Austin.
PUB DATE	93
NOTE	77p.
AVAILABLE FROM	Publications Distribution Office, Texas Education Agency, 1701 North Congress Avenue, Austin, TX 78701-1494 ($2).
PUB TYPE	Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Ancillary School Services; Annotated Bibliographies; Elementary Secondary Education; Government Role; *Health Services; *Human Services; National Programs; Program Descriptions; *Program Development; Program Implementation; State Legislation; State Programs
IDENTIFIERS	America 2000; *Integrated Services; National Education Goals 1990; *Texas

ABSTRACT

This report provides an overview of existing research, issues, programs, and initiatives that relate to coordinated education, health, and human services, with an emphasis on implications for Texas and the implementation of the America 2000 National Education Goals initiative. It discusses the often fragmented and uncoordinated nature of current service provision, examines the history of school-based and school-linked programs, reviews the effectiveness of these programs, and explores the barriers to implementing school-based and school-linked programs. It argues that the successful coordination of education, health, and human services must provide for: (1) systemic change; (2) clients' needs; (3) adequate funding; (4) proper evaluation; (5) leadership at the state and federal level; and (6) alternatives to school-linked services. The report then profiles numerous national and state initiatives in integrating and coordinating education, health, and human services. An annotated list of important organizations and publications related to the topic are included. An appendix lists the America 2000 National Education Goals. Contains 88 references. (MDM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Family and Community Support: Coordinated Education, Health and Human Services

ED 371 852

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

PS 022446

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Linda Kemp

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The Commissioner's Critic
Issue Analysis Serie
Number

BEST COPY AVAILABLE

PS

Family and Community Support: Coordinated Education, Health and Human Services

The Commissioner's Critical Issue Analysis Series
Number 2

This publication is not copyrighted; any or all sections may be duplicated.

After an initial free distribution to authorized institutions, additional copies may be purchased for $2 from the Publications Distribution Office of the Texas Education Agency, 1701 North Congress Avenue, Austin, TX 78701-1494.

Texas Education Agency
Austin, Texas

1993

STATE BOARD OF EDUCATION (State Board for Vocational Education)

CAROLYN HONEA CRAWFORD
Beaumont
Chairman
District 7

WILL D. DAVIS
Austin
Vice Chairman
District 10

MARY HELEN BERLANGA
Corpus Christi
Secretary
District 2

ALMA A. ALLEN
Houston
District 4

JACK CHRISTIE
Houston
District 6

ELEANOR N. CONRAD
Dallas
District 13

MONTE HASIE
Lubbock
District 15

WILLIAM L. HUDSON
Wichita Falls
District 14

PATSY JOHNSON
Sulphur Springs
District 9

GERALDINE MILLER
Dallas
District 12

RENE NUÑEZ
El Paso
District 1

ROBERT H. OFFUTT
San Antonio
District 5

DIANE PATRICK
Arlington
District 11

MARY KNOTTS PERKINS
Lufkin
District 8

ESTEBAN SOSA
San Antonio
District 3

LIONEL R. MENO, Commissioner of Education
(Executive Officer of the State Board of Education)

COMMITTEES OF THE STATE BOARD OF EDUCATION

Personnel
RENE NUÑEZ, Chairman
ALMA A. ALLEN
JACK CHRISTIE
ELEANOR N. CONRAD
DIANE PATRICK

Students
GERALDINE MILLER, Chairman
MARY HELEN BERLANGA
PATSY JOHNSON
ROBERT H. OFFUTT
MARY KNOTTS PERKINS

School Finance
WILL D. DAVIS, Co-Chairman
WILLIAM L. HUDSON, Co-chairman
CAROLYN HONEA CRAWFORD
MONTE HASIE
ESTEBAN SOSA

Long-Range Planning
MARY KNOTTS PERKINS, Chairman
ALMA A. ALLEN
JACK CHRISTIE
ELEANOR N. CONRAD
CAROLYN HONEA CRAWFORD
WILL D. DAVIS
PATSY JOHNSON
DIANE PATRICK

Permanent School Fund
ESTEBAN SOSA, Chairman
MARY HELEN BERLANGA
MONTE HASIE
WILLIAM L. HUDSON
GERALDINE MILLER
RENE NUÑEZ
ROBERT H. OFFUTT

Acknowledgments

Texas Education Agency
Education of Special Populations and Adults

JAY CUMMINGS
Executive Deputy Commissioner
Education of Special Populations and Adults

MIKE GULA
Division Director

PROJECT STAFF

Staff Writer

CATHY COX
Executive Assistant to the Executive Deputy Commissioner
Education of Special Populations and Adults

Staff Editors

KATHLEEN BURKE
Exemplary Instruction

KATHY BILLINGSLEY
High School Education

REBECCA PATTERSON
TEA Clearinghouse

GLENDA TAYLOR
Education of Special
Populations and Adults

Review Team

Amie Beckett, Albert Black, Sharon Cooper, Ken Crow, Vicky Dill, Lilie Elizondo, Elisa Gutierrez, Judy Hetherly, Melody Johnson, Carolyn Klein, Pat Lindley, Joe Lopez, Sylvia Marquez, Forrest Novy, Patricia Pickles, Pavlos Roussos, Mauro Serrano, Janet Spurgin, Bob Trevino, Barbara Wand

and

the Co-Staffing Committees for Elementary, Middle and High School Education

Research Assistance

JAN ANDERSON
Texas Education Agency
Library

Contents

Purpose of this Document 1

Executive Summary 3

Terminology 5

Introduction 7

Texas Trends 15

Overview 19

History 23

Why School-Linked Services? 29

Issues 33

Barriers 35

Successful Practices 39

Program Implementation 43

Summary of Recommendations from the Literature and Research 45

Conclusion 49

National Initiatives .....

State Initiatives 54

Texas Initiatives 61

Resources 66

References 71

Appendix:
America 2000 National Education Goals 77

Purpose of this Document

This document is the second in a series to be produced by the Texas Education Agency (TEA) Clearinghouse. The clearinghouse, which is part of the Agency's Exemplary Instruction Unit, includes the services of the Texas Dropout Information Clearinghouse. The clearinghouse has been given the charge to develop a set of research papers on topics which impact excellence and equity in student achievement:

- *Closing the Gap: Acceleration vs Remediation and the Impact of Retention on Student Achievement,*
- *Family and Community Support: Coordinated Education, Health and Human Services,*
- *School Safety and Violence Prevention, and*
- *Bilingual Education.*

These topics were selected to be addressed in coordination with Texas Education Agency initiatives such as its strategic plan, research studies and expert speakers for the State Board of Education's Committee on Long-Range Planning. These issues also reflect many of the current state and national goals for public education, including functional goals for Texas as defined by the Governor's Office, goals for Texas public education contained in state law, goals in the State Board of Education's long-range plan and national education goals as stated in *America 2000*. Additionally, production of this series is part of an interagency contract with the Texas Department of Commerce.

This document is designed to provide an overview of existing research, issues, programs, and initiatives which relate to coordinated education, health and human services. It does not contain policy or legislative recommendations. The State Board of Education has not adopted a formal policy statement or legislative recommendations on coordinated education, health and human service delivery at the state or local level. Appendices to this paper include a compendium of state and national coordinated service delivery initiatives. Additional resources such as publications and state and national organizations are also provided. Further assistance with issues and programs discussed in this document may be obtained from the TEA Clearinghouse.

TEA Clearinghouse
Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701
(512) 463-9661

Executive Summary

The state of Texas has committed itself to excellence and equity for every student served by its public education system. These students face a growing number of barriers to academic achievement, such as poverty; homelessness; school violence; HIV infection and other sexually transmitted diseases; tobacco, alcohol and other drug use; suicide; adolescent pregnancy and parenting; latchkey children; and parental neglect or abuse. These issues, which have caused the very nature of childhood to change, are becoming increasingly expensive, interrelated and complex. This trend is occurring at a time when children will need ever-increasing skill levels to compete in the global economy of the 21st century. Enhanced partnerships between the state's education, health and human service agencies may provide needed supports for addressing social and economic challenges to excellence and equity.

Current services available to children and their families are often fragmented and uncoordinated. The populations to be served are similar, yet client definitions and eligibility criteria are often quite different. A variety of services may be available to many children and families, but the lack of a coordinated approach has produced significant gaps in addressing critical needs. In many instances, the level of need surpasses available resources. Duplication of services may be another result of the lack of coordination between the public schools and health and human service providers.

Partnerships between public education and health and human service agencies have been proposed by many state and national education and children's advocacy organizations. Several researchers have outlined the relationship between "nonacademic" issues such as poverty or homelessness and scholastic performance. Three factors which profoundly impact success in school are examined in this paper: poverty, inadequate health care and family stress.

In Texas, state law (House Bill 7) and the State Board of Education's long-range plan and policy statements on middle and high school education provide the foundation for an examination of partnerships between public education and health and human services. The Texas Education Agency has also emphasized the importance of coordinated services in Phase I of its strategic plan.

The use of the public schools for coordinated service delivery is a common theme in existing research and recommendations. Most simply, schools are the places where children can be found. Schools have played a role in coordinated service delivery since the turn of the century. The national focus on the achievement of America's education goals by the year 2000 provides an additional emphasis on the role of coordinated service delivery in academic achievement. For example, the National Governors' Association asserts that the nation's education goals can only be achieved through partnerships between educators and other service providers.

There are several existing models for the provision of coordinated education, health and human services for children and families. These models include referrals to other service agencies, emergency teams to address specific school crises such as student suicides, and school-linked services. School personnel do not serve as direct service providers in any of these models, but instead provide referrals to services available from other agencies.

Several issues have surfaced with respect to school-linked services. The role of the federal government in coordinated service delivery, the adequacy and availability of financial resources and the search for a single program which can address all of the education, health and social issues which impact students and their families are examined. Primary barriers to seamless delivery of education, health and human services include fragmented services and underservice.

Few incentives currently exist for the development of a coordinated education, health and human service system which addresses the needs of children and their families. Although no single initiative can eliminate all of the social and economic barriers to excellence and equity in student achievement, several programs have reported significant progress.

Successful strategies and programs are also examined as part of this document. Early intervention programs are among the most effective approaches to coordinated service delivery. These initiatives have demonstrated great savings when compared with the costs of not intervening early in the life of a child. Characteristics of successful programs include a wide array of services, strategies which ensure adequate support, approaches which encompass and empower the entire family, and appropriate evaluation techniques.

Critical factors, such as program goals and objectives, should be considered prior to program implementation. Some of the programs highlighted in the resources section of this document spent several years in the planning stage prior to implementation. A number of critical issues such as the need for systemic change, clear identification of clients, adequate funding, program evaluation and follow-up, leadership from the state and federal government, and inclusion of alternative models have also been identified.

A framework for the consideration of coordinated delivery of education, health and human services can be construed in terms of "negotiables" and "nonnegotiables." Children and their families should be the "nonnegotiable" in coordinated service delivery. What is negotiable is the programs and services put in place to serve our most important clients–Texas' children and their families.

Terminology

The concept of a coordinated education, health and human service delivery system to provide services to students and their families has become a distinctive research field with unique terminology. Terms used extensively throughout this document are defined as follows.

Case Management Approach	An approach to serving the needs of children and families through service coordination or integration. Case management includes client identification, needs assessment, service coordination, and evaluation.
Case Manager	A professional who is authorized to secure a variety of resources or services for a single child or entire family.
Collaboration	Several agencies working together to address the needs of children and families.
Co-location	Location and delivery of a variety of services from different agencies at the same service delivery site. For example, staff from several health and human service agencies may be co-located in order to provide services through a neighborhood community center.
Coordinated Services	A broad array of services which meet the educational, health, social and economic needs of the whole child.
Integration of Services	Integration of services provided to children and their families. This does not mean a complete blending of two or more service delivery systems, but instead refers to an increase in collaboration or partnership between agencies. For example, an integration of education, health and human service agencies may result in a new program which includes services and staff from all three agencies.
One-Stop Shopping	Services delivered through a single point of entry, access or referral. For example, families may receive a single identification card which provides access to food stamps, health services, school nutrition programs, transportation services, child care, and counseling services.
School-Based	School-based services relate to programs operated by school districts in which services are provided to students and their families through facilities located on a school campus.
School-Linked	This term implies that a partnership has been formed between a school and health and human service agencies. Sites may include local schools, community centers, churches, synagogues, or social service agencies.

Introduction

Our children face an alarming number of social and economic barriers to academic excellence and equity, including poverty; homelessness; school violence; HIV infection and other sexually transmitted diseases; tobacco, alcohol and other drug use; suicide; adolescent pregnancy and parenting; latchkey children; and parental neglect or abuse. These issues have become increasingly pervasive, expensive and interrelated. A special report titled "Children in Crisis" in *Fortune* magazine (August 10, 1992) begins, "If the well-being of its children is the proper measure of a civilization, the United States is in grave danger. . .Of the 65 million Americans under the age of 18, 20 percent live in poverty, 22 percent reside in single-parent homes and 3 percent live with no parent at all."

Kirst (1991) states that the very nature of childhood is evolving, and schools should restructure to meet the challenges created by this change. The National Governors' Association (1990) asserts that a combination of technological and economic developments, in addition to social and demographic trends, have caused the nation's public education system to become "obsolete." This association describes public education as confronted by the challenge to educate an increasingly diverse student population which is faced with multiple barriers to learning such as school violence, alcohol or other drug use and limited access to health care.

America has committed itself to academic excellence for every student through the development of national education goals, which are listed as an appendix to this document. In order to achieve these goals, supports for excellence must be in place well before children step into the classroom and continue long after they leave. These supports are needed in order to address an increasing number of social, health and economic crises in the lives of the nation's children. For example:

- 25 percent of all American mothers receive no prenatal care in the first three months of their pregnancies.
- The U.S. infant mortality rate (9.8 per 1,000 live births) is higher than in 19 other industrialized nations.
- Immunization rates for ethnic minority children in America are lower than in 55 other countries, including Iraq and Libya.
- Only 56 percent of all children with disabilities between the ages of 3 and 5 attend preschool.

If the well-being of its children is the proper measure of a civilization, the United States is in grave danger. Of the 65 million Americans under the age of 18, 20 percent live in poverty, 22 percent reside in single-parent homes and 3 percent live with no parent at all.

—Fortune Magazine
August 10, 1992

- Over 40 percent of all eligible children do not receive free or reduced price lunches or food stamps.

- Every day, 1.3 million latchkey children come home to no parental supervision.

- More than one million children under the age of 18 are homeless.

- America has the highest incarceration rate in the world, with 1.1 million people behind bars, most of whom are high school dropouts.

- An estimated one-fourth of all adolescents engage in high-risk behaviors such as alcohol or other drug use, unprotected sexual activity and delinquency (National Association of State Boards of Education, 1990; American Federation of Teachers, 1991; National Association of State Boards of Education, 1991; National School Boards Association, 1991; Butterfield, 1992; *Fortune* magazine, 1992).

Texas has adopted the goal of academic excellence through its strategic plan for 1992-98. The state has also committed itself to equity for every student served by its public schools. Equity, in terms of the social and economic well-being of all children, is currently a distant goal. At the national level, the Center for the Study of Social Policy (1992) reports that economic downturns and changes in the nature of the family, in addition to low levels of institutional support for these changes, have resulted in net losses in seven out of nine measures of children's well-being during the 1980s. Measures which indicate net decreases include low birth weight babies, violent death rates, births to single teens, court-mandated juvenile custody rates, high school graduation rates, children living in poverty, and children living in single-parent families. Judith Weitz, coordinator of the national "Kids Count" study (in *Education Week*, March 25, 1992, p. 14) characterizes these trends as "a national pattern of child neglect." These statistics also reflect the real-world gap between existing health and human services and a family and community support system for all students (Levy and Shepardson, 1992).

Many advocacy organizations argue that the current array of services which addresses barriers to excellence and equity is inadequate, fragmented and uncoordinated. Enhanced linkages is a common theme in recommendations for improvement of the nation's service delivery systems. For example, the American Federation of Teachers (1991) argues that services to children in the public schools could be greatly enhanced if overlapping pro-

grams were better coordinated. The National Governors' Association (1990) asserts that increased connections are needed among services to children. The Committee for Economic Development (1991) recommends that any future efforts at meaningful educational reform include "a comprehensive and coordinated strategy of human investment, one that redefines education as a process that begins at birth and encompasses all aspects of children's early development, including their physical, social, emotional, and cognitive growth."

Levy and Shepardson (1992) report that many institutions which serve children and their families have become aware of the need for a partnership approach to service delivery. Kirst (1991) warns against the ineffectiveness of many existing programs which attempt to serve children facing multiple social and economic barriers through a single label such as "dropout" or "delinquent." Coordinated services offer the best hope for "breaking the cycle of disadvantage" (Schorr, 1989). Increasing the number of linkages among service agencies is also needed because existing financial and human resources are simply insufficient to address the multiple barriers to excellence and equity faced by many children and families.

America is losing sight of its children. In decisions made every day we are placing them at the very bottom of the agenda, with grave consequences for the future of the nation. It's simply intolerable that millions of children in this country are physically and emotionally disadvantaged in ways that restrict their capacity to learn, especially when we know what a terrible price will be paid for such neglect, not just educationally, but in tragic human terms as well.

–Ernest Boyer, president Carnegie Foundation for the Advancement of Teaching

Zimmerman (1991) emphasizes that the current national school reform movement which focuses on academic excellence has not included a key component–the linkage between students' physical, mental and emotional health and their classroom performance. Yet schools are implicitly charged with providing for students' psychosocial needs, particularly those which cannot be met by families, communities or local agencies. Many classroom teachers are overwhelmed by the increasing number of students in at-risk situations whose complex needs cannot be addressed by overburdened health and human service providers (American Federation of Teachers, 1991).

The National School Boards Association (1991) reports that a growing number of students face multiple barriers to academic excellence and equity. This trend is developing at a time when children will need ever-increasing skill levels in order to compete in the global economy of the 21st century. Many American students are simply not competitive with children in other countries. For example, the Children's Defense Fund (1990a) reports that American children know less geography than students in Iran, less mathematics than Japanese students and less science than students in Spain. The most recent report on progress towards the national education goals (National Education Goals Panel, 1992) indicates that achievement gaps between the United States and other countries are observable by the first grade and

widen as students grow older. Additionally, an increasing number of students who have not been well served by the nation's public education system, including children from racially, ethnically, linguistically and socioeconomically diverse populations, are entering the public schools.

One of the most alarming trends in the nation as well as Texas relates to school safety. A recent study of American adolescents between the ages of 10 and 17 indicates a sharp rise in both the number and severity of violent crimes between the 1960s and the 1990s. Crimes committed by adolescents have shifted during this period, from property offenses such as arson and car theft, to violent crimes such as murder, assault and rape (Marriott, 1992). Statistics from the U.S. Centers for Disease Control (1992) indicate that one out of four high school students has carried a weapon to school. A study by the U.S. Senate Judiciary Committee (1992) reports that the number of weapons seized in America's schools in 1992 was triple that of 1989. This finding is described by committee chair Joe Biden as "an ominous new trend of violence in America." El Paso, Texas is among the cities cited in this report in which weapons seizures increased 95 percent from 1989 to 1992. Nationally, homicide by firearms is the third leading cause of death (after automobile accidents, of which at least half are alcohol-related, and suicide) for whites ages 15 to 19, and the leading cause of death for African Americans ages 15 to 19 (*Fortune* magazine, 1992, pp. 35-36).

Another trend which impacts the need for a more coordinated approach to education, health and human services is the nation's growing teacher shortage (Southwest Educational Development Laboratory, 1990). Low growth in the number of teachers available to serve both current and future student populations indicates that significantly different approaches to educating all children, such as enhanced coordination of existing service delivery systems, may soon be needed.

Any future success in meeting the needs of all students in order to achieve academic excellence and equity may well lie in restructuring the nation's public schools to include a more coordinated family and community support system. As argued by Schorr (1989), academic achievement cannot be addressed until more fundamental human concerns such as food and shelter are resolved. Environmental threats to children's health and safety must also be removed before successful learning outcomes can occur (National Association of State Boards of Education, 1991).

Kirst and McLaughlin (1990) add that student achievement is significantly impacted by families and communities. These researchers list family income, parental employment, family structure, access to health care, exposure to alcohol and other drugs, and availability of family support services as examples of factors which have profound implications for academic success. Kirst and McLaughlin add that students who perform below grade level are unlikely to make substantial gains when placed in support programs which focus solely on classroom instruction.

Kirst and McLaughlin (1990) argue that a better understanding of a student's life outside the classroom and its implications for academic achievement are needed. These researchers assert that the nation's existing system of fragmented service delivery represents a failure to understand that children's needs are in fact holistic. Current approaches are often "top-down" and organized around the bureaucratic structures of existing service agencies. Kirst (1991) also warns that uncoordinated services prevent a meaningful assessment of the effectiveness of current intervention efforts. Fragmentation of services often serves as an impediment to parents who are trying to locate assistance for their children (National Governor's Association, 1990).

A growing number of education and advocacy organizations assert that improving student achievement can only be accomplished by a coordinated approach which encompasses education, health and human services. These organizations include the Children's Defense Fund (1990b), Committee for Economic Development (1991), Council of Chief State School Officers (1989, 1992), American Public Welfare Association (1991), National Coalition of Advocates for Students (1991), National Association of State Boards of Education (1991), National Commission on Children (1991), National School Boards Association (1991), Texas Business Education Coalition (1990), and Texas Policy Academy (1991). These organizations call for an enhanced focus on prevention and early intervention programs, as well as a renewed emphasis on addressing student needs within the context of the family (Morrill, 1992).

We are paying a very high price for the inadvertent atrocities committed on our children. They show up in economic inefficiencies, loss of productivity, high health care costs, and a badly ripped social fabric. To reduce these costs, we need to find ways not only to invest more but to invest better.

–David Hamburg, president of the Carnegie Corporation (1992)

At the national level, the Council of Chief State School Officers has designated "Student Success through Collaboration" as its lead priority for 1992. The National School Boards Association (1991) has targeted collaboration between schools and service agencies as a major goal, arguing that schools working in isolation from other service providers cannot meet the multiple educational, physical and socio-emotional barriers faced by many students. This organization asserts that local educators possess neither the professional expertise nor the financial resources to provide the

health and human services needed for success in school. Partnerships with health and human service delivery systems may provide valuable expertise and resources, which in turn contribute to academic success. In Texas, legislative reform efforts such as House Bill 7 (71st Texas State Legislature) include the call for a "seamless" delivery of services to children and their families.

The National Association of State Boards of Education (1991) advocates the enhancement of all environments which serve to nurture children, including families, neighborhoods and schools. Poverty, inadequate health care and family stress are three of the primary challenges that children face within these environments. These three issues are outlined below.

Poverty

The percentage of American children living in poverty rose from 15 percent to 20.3 percent between 1960 and 1988, with most of this increase occurring in the 1980s. Much of this rise is directly related to an increase in single-parent households. Approximately 75 percent of all children in single-parent homes will spend some portion of their childhoods in poverty (Magnet, 1992). Statistics provided by the Children's Defense Fund (1992) indicate that in many major urban areas, 50 to 75 percent of all ethnic minority children live in poverty. Among the U.S. cities with the highest child poverty rates Laredo, Texas ranks number two (46.4 percent) and Waco, Texas ranks number 19 (36.1 percent).

Research reviewed in *Beyond Rhetoric: A New American Agenda for Children and Families* (1991) indicates that children living in poverty are more susceptible to academic failure and dropping out of school. Students from families with incomes below the poverty level are more than twice as likely to be retained in grade (Bianchi, 1984). Orland (1990) reports that children in poverty are twice as likely to be labelled "low achievers" as their classmates. Poverty ultimately impacts an entire school: the degree of poverty in a school predicts its overall academic performance more accurately than living in poverty predicts an individual child's achievement (Orland, 1990).

Children living in poverty also experience increased risks of health problems. For example, women living in poverty are more likely to give birth to low-birth weight infants. Children living in poverty also experience higher rates of delayed or impaired growth and anemia, due to poor nutrition (National Center for Children in

Poverty, 1990). The National Center for Children in Poverty (1990) argues that the needs of children living in poverty cannot be met without addressing the needs of the entire family.

Inadequate Health Care

Kozol (1991) asserts that the value a society places on its children can best be measured by the quality of medical care it provides. Kozol argues, "The usual indices of school investment and performance–class size, teacher salaries and test results–are at best imperfect tools of measurement; but infant survival rates are absolute." Kozol adds that equity, in terms of the quality of health care provided to American children, is nonexistent. Infant death rates in Central Harlem are comparable to those in Malaysia. Although equity with respect to academic achievement is both a state and national issue, equity in terms of children's access to adequate health care is not a corresponding topic of debate.

Many children need both improved and increased access to basic health care as well as human services in order to succeed in school. Nationally, more than 50 percent of all Medicaid-eligible children receive no services. The primary source of assistance for families in need, Aid to Families with Dependent Children (AFDC), serves less than 60 percent of the nation's children living in poverty (statistics from *Fortune* magazine, August 10, 1992, p. 39). More than eight million American children have no health insurance (Gerry and MacDonald, 1992). Statistics from the Texas Health Policy Task Force indicate that one million children in Texas have no health insurance and are ineligible for Medicaid or other public assistance (Elliot, 1993).

The National Association of State Boards of Education's Task Force on School Readiness (National Association of State Boards of Education, 1991, p. 10) has cited a number of direct correlations between physical or mental health and success in school:

- inadequate health care may result in developmental delays, hearing or vision impairments, emotional difficulties, or learning problems
- the ability to learn is diminished when a child is tired, ill, hungry, uncomfortable, or under stress
- school attendance (and thus academic success) is reduced when a child is ill or in chronic poor health

Family Stress

Any support system to improve student achievement should address children where they live, which is within the context of their families. This support system should be responsive to the dramatic changes which the American family has undergone. Boyer (1991) characterizes the American family as an institution in more serious jeopardy than the nation's schools. Boyer adds that what are commonly viewed as "educational failures" are in fact obstacles faced by children well before schooling begins, sometimes even before birth.

A variety of statistics depict a growing number of families under stress. Over half of all first marriages end in divorce, twice the 1950 rate. Approximately 57 percent of all divorces involve children under the age of 18. In 1989, 27 percent of all births in the United States occurred outside of marriage. Approximately 25 percent of all American children live in a single parent, typically female-headed, household. More than 50 percent of all children will live in a single parent household for a substantial period of time before the age of 18 (Magnet, 1992).

In 1990, Americans reported over 2.4 million cases of child abuse and neglect. More than 900,000 of these cases were verified (American Federation of Teachers, 1991). Nationally, more than 100,000 preschool children do not live with their families due to child abuse or neglect (National Association of State Boards of Education, 1991). Approximately 10 percent of all American children under the age of 18 live with relatives other than parents, or with neighbors, friends or in custodial institutions (Center for the Study of Social Policy, 1992).

Approximately one million Texas children face the risk of child abuse, according to statistics collected by Sam Houston State University (1992). Data from this survey indicate that in Texas reported cases of child abuse almost doubled from 1978 to 1991.

Children bring more than educational needs to the classroom. And for a growing number of children, the conditions they face outside the classroom have a dramatic impact on their ability to learn.

–National School Boards Association (1991)

Texas Trends

Many Texas students may not achieve their full academic potential because of the physical, emotional, social, and institutional barriers outlined above. Data from the Hogg Foundation (1992) indicate:

- One fourth of all Texas children live in poverty.
- Infant mortality is 9.8 per 1,000 live births (17.7 per 1,000 live births for African American infants).
- Only 29 percent of all pregnant women receive prenatal care (down from 34 percent in 1980).
- 20 percent of all preschoolers do not receive immunizations.
- 47,000 infants are born to teenagers annually.
- 55,000 cases of child abuse are confirmed every year.
- Only 27 percent of all Texans identified for the Women, Infants and Children (WIC) program actually receive services.
- Only 20 percent of all children eligible for the federal Head Start program actually receive services.

These trends can be reduced or eliminated through improved access to services provided by the state's education, health and human service agencies. As noted by the Council of Chief State School Officers (1991), children's health and social needs must first be met in order for them to benefit from classroom instruction. Similarly, the Center for the Future of Children (1992) argues, "If agencies' services were not only co-located but also coordinated according to goals developed and shared by the family and all agencies involved, fewer of a child's needs would go unmet and his or her behavior and performance in school would improve."

State Board of Education

The Texas State Board of Education has developed a number of strategies involving coordinated services in its long-range plan for Texas public education (Texas Education Agency, 1991). Coordination of services at the state level is proposed in many areas, including coordination of the state's health, mental health and social services with education (p. 39), coordination of state services for parent training and family literacy (p. 70) and coordination of state programs for early childhood education (p. 70).

The State Board of Education has included the provision of coordinated support services for children and families in its policy statements for Middle and High School Education (State Board of Education; 1991, 1992). At the middle school level, the Board states that effective middle schools are those which develop a network of health and human service agencies that are able to help students with special needs. These schools seek out and use resources provided by health and human service agencies, community organizations and local businesses to support student academic achievement. Similarly, the Board states that effective high schools are those which participate in the coordinated delivery of support services available from community and public institutions. The State Board of Education is also in the process of developing a policy statement for Elementary School Education.

Texas State Legislature

House Bill (HB) 7, passed by the 71st Texas state legislature, defines increasingly shared responsibilities across the state's education, health and human service delivery systems. This legislation established the Texas Health and Human Service Commission, which oversees service delivery coordination for 11 state agencies:

- Interagency Council on Early Childhood Intervention Services
- Texas Department on Aging
- Texas Commission on Alcohol and Drug Abuse
- Texas Commission for the Blind
- Texas Commission for the Deaf and Hearing Impaired
- Texas Department of Health
- Texas Department of Human Services
- Texas Juvenile Probation Commission
- Texas Department of Mental Health and Mental Retardation
- Texas Rehabilitation Commission
- Texas Youth Commission

The Health and Human Services Commission has responsibility for integrated health and human service delivery in Texas with respect to client eligibility; maximum use of local, state and federal funds; emphasis on coordination, flexibility and decision-making at the local level; a consolidated health and human services

budget; a management and cost accounting system for all health and human services; and review of health and human service agency rules. Statewide goals of the Health and Human Services Commission as established by HB 7 include a comprehensive approach to health and human services, provision of a continuum of care for all Texans and enhanced integration of health and human services. These goals encompass many issues and service populations addressed by the state's public education system, including prevention of alcohol and other drug use, work force skills, vocational training, school dropouts, adolescent pregnancy and parenting, juvenile offenders, homelessness, child abuse and neglect, family violence, truants, and runaways.

More recently, the 73rd Texas state legislature enacted Senate Bill 155, which creates the Texas Commission on Children and Youth. This commission is charged with the development of a proposal for the governor, lieutenant governor, speaker of the house and the Texas state legislature by December 1994. The proposal will be developed in order to improve and coordinate public programs for children and achieve specified goals in education, health care, juvenile justice, and family services.

If agencies' services were not only co-located but also coordinated according to goals developed and shared by the family and all agencies involved, fewer of a child's needs would go unmet and his or her behavior and performance in school would improve.

–Center for the Future of Children (1992)

Overview

Health and human service agencies can serve as powerful allies with the public schools in meeting the needs of all students. This paper explores interagency collaboration that results in an enhanced family and community support system. As part of this examination, the nature and history of coordinated services, as well as several special topics related to the integration of service delivery systems, are presented. Resources such as state and national programs, organizations and publications are also included as appendices.

This paper focuses primarily on issues related to coordination between the public schools and health and human service agencies. However, integrated service delivery involves all of the programs, agencies and institutions which provide services to children and their families, including parent education and training, child care, job training, rehabilitation, adult and community education, colleges and universities, proprietary schools and Veterans Administration, community-based organizations, juvenile justice, alcohol or other drug use prevention, and mental health and mental retardation.

There are a number of issues which relate to the effective coordination of education, health and human services for children and families, regardless of whether these services are managed by the public schools. This document examines both school-based and school-linked service delivery programs.

This examination of issues related to school-based and school-linked health and human services begins with a review of the more general topic of coordinated services for children and families. Morrill (1992) defines human service delivery as consisting of three systems: (1) education (2) health and (3) social services. Each of these systems is governed by enormous federal, state and local institutions which in turn possess multiple funding streams, serve diverse populations and programs, and have intricate working relationships with other agencies. Service populations are similar, yet client definitions and programs are diverse and often nonoverlapping.

At present, the complexity, size and lack of coordination among these three systems often result in uncoordinated service delivery for children and families. Enhanced service integration is a common proposal for improvement of services for children and families at the state and national level. As can be seen throughout

this paper, the public schools have often been proposed as one of the most effective sites for the delivery of coordinated services to children and families.

Morrill (1992) has compared and contrasted the three major delivery systems which are involved in coordinated services for children and families. A brief overview of this analysis is presented as follows.

Education

Legal authority for administration of public schools rests primarily with state governments. However, daily decisions are often made by local school administrators. In Texas, recent legislation (Senate Bill 1 and House Bill 2885) mandates site-based management of local school districts.

As noted by several Texas Education Agency documents, including Phase I of its 1992-98 strategic plan, education of children by the public schools is becoming an increasingly complex and difficult task due to the massive social and economic issues faced by today's students. Concerns about current levels of student academic achievement, as well as equity gaps in this achievement, are abundant at the state and national level. Researchers and children's advocacy organizations have increasingly argued for the need to address "nonacademic" issues, such as school violence and use of alcohol or other drugs, in order to enhance academic achievement.

The ERIC Clearinghouse on Urban Education (1990) also notes that many teachers feel increasingly uncomfortable with their roles in addressing social and economic barriers such as homelessness, delinquency or student drug use. Additionally, some school counselors face caseloads of between 250 and 500 students. Many campuses are financially unable to provide any school counselors for their student populations.

Health Care

In contrast to public education, the American health care system is composed primarily of private and nonprofit organizations. Health services are generally provided to children and their families through insurance financed by public or private employers. Government programs (Medicaid and Medicare) are utilized to provide health services to low-income families. Nutritional services are also available through federal food stamp and school lunch programs.

Morrill (1992) asserts that improvements in the current health status of children and their families are most likely to occur through (1) improved access to services and (2) decreases in high-risk behaviors; e.g., better public education with respect to critical health issues such as alcohol or other drug use, adolescent pregnancy and parenting, and HIV infection or other sexually transmitted diseases.

Morrill concludes that lack of access to adequate health care is a significant issue in the lives of many American children. For example, less than half of the families along the U.S.-Mexico border have private medical insurance. Two-thirds of the low-income families in this region are not even eligible for Medicaid (Carnegie Corporation of New York, 1991).

The National Association of State Boards of Education (1991) has outlined a number of national trends in children's health care:

- More than 400,000 American children per year are exposed to health risks related to learning impairments. These factors include low birth weight; prenatal exposure to alcohol, tobacco or other drugs; lead poisoning; malnutrition; and child abuse or neglect.
- Twenty-five percent of all American children under the age of 6 live with families which cannot afford to provide them with basic health care services.
- Many pregnant women with adequate health insurance do not receive services, due to lack of transportation, child care problems, little awareness of the importance of prenatal care, or inability to find an appropriate health care provider.

At present, the cost of health care services is rising much faster than the national inflation rate. This increase is occurring at a time when many government-funded health services are being reduced or eliminated.

The interest of the health care profession in the provision of school-linked health services has also increased due to the need to address critical student health issues such as HIV infection, adolescent pregnancy and parenting, and student use of alcohol or other drugs.

Texas ranks in the bottom quartile of all states with respect to access to medical care and in the third lowest quartile in promoting a healthy environment, healthy neighborhoods and community health services, according to a recent report compiled by the American Public Health Association. Texas also ranks 50th in the

percentage (26 percent) of citizens lacking health insurance and 48th in the categories of Medicaid coverage and public assistance payments per family (American Public Health Association, 1992).

Human Services

Human or social services are described by Morrill (1992) as even more complex and fragmented than health or education. In terms of results, Morrill concludes that the nation's social service delivery system is not efficient. Child poverty rates are increasing. Statistics relating to child abuse and neglect, homelessness, the need for foster care and many other indicators suggest that the nation's children are experiencing increasingly massive and complex social and economic crises which are not being resolved by existing service delivery systems. Additionally, social service providers face the same economic shortfalls and increasing client demands as education and health care systems. The ideal caseload for effective social service delivery is estimated at between 12 and 25 clients, but many urban area child protection workers face caseloads of over 100 children (American Federation of Teachers, 1991).

Additionally, the nation's prison population has doubled in the past decade. Butterfield (1992) argues that America's prisons are now providing the very social services that might have prevented incarceration in the first place. As Robert Gangi, Executive Director of the Correctional Association of New York states, "Prisons are becoming the place where we provide services to our poor people" (Butterfield, 1992). Educators have long noted that the majority of the nation's inmates are high school dropouts. It now appears that many inmates enter the criminal justice system lacking not only a high school education, but access to adequate health and social services.

History

Lost in debates and ignored even in discussion of school-linked services is an important fact: in the years from World War II to 1991, school administrators have become managers of schools that deliver complex social and health services as well as academic instruction. . . bussing, feeding, counseling, medical inspections, nursing, supervising play—these became an increasing part of everyday work in school systems.

—Tyack (1992)

Historically, the family has been perceived as the most appropriate institution for the procurement of health and human services for children (Bane, 1991; National Association of State Boards of Education, 1991). If a family is unable to secure these services, it will generally seek assistance from government, community or religious organizations. Morrill (1992) notes two trends which have greatly diminished the ability of families to locate services for their children. First, health and human services have become increasingly specialized and complex. Science and technology have greatly expanded the knowledge base needed to locate and secure appropriate services.

Another trend which has resulted in decreased access to services is changes in the nature and composition of the family. Increases in the number of parents working outside of the home and single-parent households have contributed to an accelerated demand for services to children which cannot be met by the existing supply of service providers.

A common criticism of America's public education system is that it continues to operate as though the nation remains in the midst of an agrarian age. For example, summer vacations are more attuned to crop cycles than modern industrial and technological realities. Concurrently, the nation's delivery systems for health and human services are often criticized as structured around the concept of a 1950s nuclear family with a mother who is not employed outside of the home and an extended family network (American Federation of Teachers, 1991). An overview of the historical development of the role of the public schools in the delivery of health and human services follows.

Role of the Schools in Coordinated Service Delivery

Public schools have been involved with the provision of a wide range of health and human services to children and their families since the turn of the century (Center for the Future of Children, 1992). School-based health clinics can be traced to 1894 when the city of Boston hired school nurses to respond to several health epidemics (Southwest Educational Development Laboratory, 1990). Tyack (1992) notes that advocacy organizations and social reformers have recommended the provision of school-linked health and human services for more than 100 years in order to address a number of obstacles to student achievement, including alcohol or other drug use, delinquency, poverty, and child abuse.

The Progressive Era

Tyack (1992) reports that many of the initial calls for the provision of health and human services to students through the public schools came from outside the public education system. Tyack asserts that health and human services provided through the public schools were originally formulated to serve as a form of compensatory education for urban immigrant children. One of the first waves of social reform, which occurred around 1890 during the Progressive Era, included demands for school lunches, medical and dental care, health clinics, classes for handicapped or ill students, vocational guidance programs, school social workers, summer schools for urban students and child welfare officers to address truancy and delinquency issues. Many of the concepts developed during this period were reintroduced to public education by the 1960s' War on Poverty (Sedlak and Schlossman, 1985).

In many American cities during the Progressive Era, early settlement homes offered both social work and vocational guidance services provided in coordination with the public schools. These programs introduced two additional reforms: visiting teachers, who were the predecessors of today's school social workers, and vocational guidance counselors.

1920s-1960s

During the 1920s, school social workers were widely introduced on many public school campuses in an attempt to prevent juvenile delinquency and provide mental health services. The number of school social workers and mental health professionals in the public schools generally increased after World War II. Free school lunches became a common service during the period of the New Deal. Many wealthy school districts continued to employ social workers and mental health personnel during the 1950s. In the 1960s, these staff were often utilized in local dropout prevention efforts (Tyack, 1992).

During the 1960s, the federal War on Poverty provided a new focus on students who were not benefitting from instruction in the regular education program. An increased emphasis on serving the whole family also emerged (Sedlak and Church, 1982). During this period, Head Start legislation and the Elementary and Secondary Education Act of 1965 (which included provisions for school improvement programs in the areas of health, nutrition and job training) were passed. The Economic Opportunity Act established many programs to assist children and their families, including Head Start, Foster Grandparents, Job Corps and a number of job training programs. One component of the War on Poverty was

the creation of 500 community action agencies across the country (Edelman and Radin, 1992). These centers were established in order to coordinate both existing resources and programs.

Edelman and Radin (1992) note two important developments during the 1960s' War on Poverty which created a national focus on providing social services to children and their families. First, the definition of who was entitled to receive these services was restructured. A strong interest in serving low-income and ethnic minority populations was an integral part of this initiative. Second, there was a renewed examination of the nature of the service delivery systems themselves. During this period, the federal government established itself as the primary funding source for a variety of social services. Debates about the nation's human service delivery systems became increasingly politicized and controversial during this period. The roles of federal, state and local governments were intensely scrutinized in terms of whether these systems were in fact effective in meeting the needs of low-income and ethnic minority families.

1970s to Present

During the 1970s, national trends included a shift toward increasing concerns about academic excellence and the international competitiveness of America's students. A wave of "back-to-basics" reform legislation was passed in virtually all states. But in the daily lives of the public schools, campus personnel from principals to classroom teachers were increasingly called upon to provide a wide variety of support services to children and their families. As Tyack (1992) asserts, "Lost in debates and ignored even in discussion of school-linked services is an important fact: in the years from World War II to 1991, school administrators have become managers of schools that deliver complex social and health services as well as academic instruction. . . bussing, feeding, counseling, medical inspections, nursing, supervising play—these became an increasing part of everyday work in school systems."

The 1980s brought both education and social reform (Southwest Educational Development Laboratory, 1990). Major reform legislation enacted during this period included a complete restructuring of the nation's employment and training systems under the Job Training Partnership Act and revamped public assistance programs under the Family Support Act of 1988. The 1980s also included the development of many programs designed to meet the needs of students in at-risk situations. These programs addressed issues such as dropout reduction, adolescent pregnancy and parenting, and alcohol or other drug use. One result of this trend was the implementation of an "at-risk" program on almost every campus in the country (Southwest Educational Development Laboratory, 1990).

During the 1980s, there was also a widespread exploration of the role of the public schools in the delivery of coordinated health and human services (Southwest Educational Development Laboratory, 1990). Enhanced coordination of services was advocated by a number of researchers and organizations in order to address the multiple barriers to academic excellence faced by many students. For example, the Committee for Economic Development (1987) reported during this period that the nation's underserved children were in need of better access to health care, nutrition and counseling services. The Committee for Economic Development also cited local schools as one of the most efficient avenues for the widespread delivery of coordinated services. Many of the dropout reduction programs developed during this period provided school-based or school-linked health and human services.

Another trend during the 1980s was a focus on completely changing or restructuring the nature of the public schools. Terms such as "site-based management," "school-based improvement," and "restructuring" became commonplace. One of the nation's oldest school restructuring initiatives is the School Development Program. This initiative was originally developed during the 1960s at two elementary schools in New Haven, Connecticut, by James Comer and other researchers at the Yale University Child Study Center.

The 1990s can be characterized by the development of national education goals as a comprehensive reform strategy. Kaplan and Usdan (1992) describe the *America 2000* national education goals as the closest to a national focus on education issues the nation is likely to attain in this decade. The National Association of State Boards of Education (1991) asserts that attainment of the national education goals can only be achieved through recognition of several realities, one of which is that children are members of larger social systems such as families and communities. This organization recommends that characteristics of families and communities be examined with respect to whether they serve as supports or barriers to academic excellence and equity. The National Governors' Association (1990) concludes that achievement of the national education goals will in fact require a variety of collaborations, including partnerships among schools and families, communities, and health, social service, welfare, and law enforcement agencies.

The Secretary's Commission on Achieving Necessary Skills (SCANS) of the United States Department of Labor provides an additional framework for the ways in which partnerships among educators, parents, employers, and students is essential in terms of preparing children and youth for future employment (United

States Department of Labor, 1990). The SCANS report emphasizes the need for excellence in public education so that all students can achieve their potential and the nation can develop world class schools.

One critical period in the lives of all students is the transition from school to work (National Commission on Children, 1991). At present, many students do not experience smooth school-to-work transitions. The National Commission on Children (1991) recommends a broad array of community supports in order to enhance school-to-work transition for all students. These supports should include preventive programs which offer coordinated services to children and families.

Morrill (1992) lists several additional reasons for a renewed focus in the 1990s on increased collaboration among the nation's education, health and human service delivery systems. These include: (1) children's unaddressed physical, social and emotional needs which serve as obstacles to excellence and equity; (2) the nation's inability to achieve excellence and equity has grave consequences for its economic future; and (3) the nation will face accelerating levels of economic and social costs associated with its failure to intervene early in the lives of children.

Morrill also asserts that collaboration must increase simultaneously with any restructuring of existing service delivery systems. Morrill describes these service delivery systems as inadequate and narrowly focused. Many programs do not intervene early enough to address the multiple needs of children and families. They are thus unable to serve as change agents in order to address the social and economic challenges facing many children and families.

The most recent surge of national interest in the provision of school-linked health and human services includes a focus on the role of these services in improving students' academic achievement. Many education reform recommendations highlight the importance of closing current achievement gaps through addressing the needs of underserved children and families.

General Trends

The period from the 1920s to 1960s was characterized by an increasing institutionalization of the provision of health and human services delivered through the public schools. As this process occurred, these services became more centered around traditional school activities such as enforcement of compulsory attendance laws. There was also a tendency to upgrade the professional status

of school-based health and human service professionals through medical models and training. In another trend, vocational guidance programs became more focused on serving all students in the public schools rather than the low-income or immigrant students for whom they were originally established (Tyack, 1992).

Sedlak and Church (1982) note several areas of conflict within these general trends. Many reform movements, including those which occurred during the New Deal and War on Poverty, reflected an ideology that local schools were not capable of effectively delivering health and human services, particularly to low-income children. This belief precipitated several instances of direct federal funding for social and economic programs. Another source of disharmony was the passage of legislative mandates for coordinated health and social services to be provided by the public schools without any additional funding. Sedlak and Church indicate that this trend caused many educators to withdraw their support for school-linked health and human services during this period.

Why School-Linked Services?

Jargowsky (1991) has compiled the following portrait of a school district superintendent who is faced with the growing number of social and economic issues that impact the lives of students:

> Harold was tired of hearing the complaint: "We can't teach them if they're hungry, tired and totally undisciplined." He had been a teacher for many years, and a principal as well. He had had troubled students, but the teachers in the school system he ran told him they had more troubled students per class, and more deeply troubled students, than he had contended with. If he couldn't hold teachers accountable, because the broader world was ruining the kids, then he couldn't run his school system.

Issues which affect the lives of children impact the effectiveness of schools. Thus schools have a significant stake in the issue of coordinated service delivery. At present, some parents, educators, and researchers may question why health and human services should be delivered or referred through the public schools. One response can be provided by Kirst (July, 1992) who states, "When Willie Sutton, the old bank robber, was asked why he robbed banks, he replied, 'That's where the money is.' Well, the school is where the children are."

The American Federation of Teachers (1991) asserts that schools are the only public institution visited by a majority of the nation's children. Thus they form one of the most logical sites for a coordinated education, health and human service delivery system. Southwest Educational Development Laboratory (1990) reports that many school-linked service model programs have in fact appeared across the country, in the absence of a national children, youth and family policy.

The National School Boards Association (1991) has argued for the need to both acknowledge and address the interrelationship between children's health and human service needs and their academic performance. As this organization states, "Children bring more than educational needs to the classroom. And for a growing number of children, the conditions they face outside the classroom have a dramatic impact on their ability to learn."

Levy and Shepardson (1992) assert that schools are perceived by many researchers and advocacy organizations as the most effective site for delivery of services to children and their families. One basis for this view is that education provides the most effective route out of poverty. Schools thus have a role to play in coordinated service delivery efforts, because health and human service agencies offer additional supports which help children to succeed in school.

Use of the public schools as a common service delivery site is at present a widespread proposal for the delivery of health and human services to children and their families. Rationales for this approach include the following arguments (Kirst and McLaughlin, 1990; Texas Business Education Coalition, 1990; Southwest Educational Development Laboratory, 1990; Center for the Future of Children, 1992):

- School personnel interact with children on a daily basis and can thus consult with their families to quickly identify service delivery needs.
- Schools are generally viewed in a positive manner within their communities.
- Schools are familiar places for a large segment of the population.
- Schools are accessible to most members of the community, and generally reflect the demography of the populations they serve.
- Schools are a permanent part of the community which historically have been involved in providing a number of health and human services such as vision and hearing screening, school nutrition and immunizations.
- The use of schools as coordinated service delivery sites involves less stigma than services provided through public health or welfare facilities.
- Utilization of the public schools for coordinated health and human services is compatible with improving academic excellence, because of the relationship between students' health and well-being and their scholastic achievement.

Southwest Educational Development Laboratory (1990) outlines four basic components of school-linked services: (1) shared governance, (2) coordinated services, (3) joint funding, and (4) variable organizational structures. This organization defines also three basic models for the delivery of school-linked services:

- **External Referral**

  External referral programs do not deliver direct services, but instead provide referrals to a variety of other service agencies.

- **Mobile Rapid Response**

  School district staff collaborate with other service providers to provide a rapid response to specific school emergencies such as a student suicide.

- **School-linked Services**

  School-linked services include: (1) itinerant services such as a visiting nurse or social worker, (2) school-based health clinics, (3) programs which offer education, health and human services, (4) referral or direct service models, and (5) case management approaches.

The National Association of State Boards of Education (1990) proposes that educators offer the leadership needed to address the issue of student access to support services which help ensure success in school. Local educators can provide leadership for coordinated services, whether or not their districts or campuses provide school-based or school-linked programs. Zimmerman (1991) has also proposed a primary role for school superintendents and principals as community leaders in the development, implementation and support of collaboration among education, health and human service providers. Zimmerman argues that if the call to provide coordinated services comes from a community's educational leaders, meaningful change is more likely to occur.

Morrill (1992) has summarized much of the ongoing debate over whether schools should be members of larger health and human service delivery systems as follows. If the goal of a program is to serve children with multiple needs, then the importance of involving local schools is evident. Also, Morrill notes that the interrelationship between nonacademic issues in the life of a child and scholastic achievement argues for increased school involvement in the development of coordinated service delivery systems. Schools also provide a number of avenues to perform community outreach services to families and children. Finally, as noted by Kirst (1992), schools are most simply the places where children can be found.

At present, many national organizations have developed a coordinated approach to the delivery of education, health and social services to children and their families. Several national demonstration projects are in progress. For example, the American Public Welfare Association and Council of Chief State School Officers are collaborating on an initiative titled *Joining Forces*, which focuses on increased coordination of educati and social welfare services.

One district-level example of the importance of addressing health and human service issues in order to improve student academic achievement comes from the Murphy School District in Phoenix, Arizona (Zimmerman, 1991). This district hired community workers to address its accelerating truancy rate. They soon discovered that many nonschool issues were in fact contributing

to student truancy. For example, several students missed school because they were embarrassed at having no shoes to wear. Other truants belonged to families in emotional crisis. Some truants were unable to do their homework because the electricity had been turned off in their homes. After examining these findings, the lesson reported by this district was that "children can't learn when their lives are in chaos."

According to the National Committee for Citizens in Education (1991), many children, as well as entire families, are "falling through the cracks" in the nation's service delivery systems. This organization advocates a much stronger emphasis on services to children, particularly preventive services at the elementary level. Schools can serve as points of entry and referral for a variety of services, even if they cannot offer direct assistance programs. Also, schools can collaborate with local health and human service agencies through a case management approach for the provision of services to children and their families.

Today's education, health and human service partnerships often differ from their predecessors in that schools are not responsible for all of the management and fiscal activities associated with program operation. Many of the more recently developed collaborations are based upon equal partnerships among all of the service delivery systems involved (Morrill, 1992).

Children must be physically and emotionally fit to be able to concentrate, learn, and benefit from the variety of experiences that school offers. Their families in turn also must be aware of medical, emotional, nutritional, and educational support needed to stay healthy and be ready to learn.

–Antonia C. Novello
U.S. Surgeon General (1991)

Issues

Several researchers (Southwest Educational Development Laboratory, 1990; Tyack, 1992) have described the most basic disagreement between those in favor of and those opposed to school-linked services as follows. The prevailing view of public education by many who oppose the provision of school-linked services is one of "a nation at risk." This argument is that schools should concentrate on academic performance in order to increase student achievement levels. Responsibility for the procurement of health and human services lies solely with the family. Educational bureaucracy should be eliminated. Classroom instruction should be rigorous and focused entirely on academics. Teachers are not social workers or nurses. Local educators are hampered in their quest for academic excellence by excessive rules and mandates at the state and federal level. Collaboration with health and human service agencies simply adds more demands to an overburdened education system, which in turn makes schools less effective in achieving their mission of academic excellence. Schools cannot solve all of society's problems.

An alternative position has been formulated by advocates for a stronger focus on children who are not benefitting from instruction in the regular classroom. In this view, many schools are not doing a good job of serving students from ethnic, linguistic, socioeconomic or cultural minority populations. Coordinated education, health and human services for children and their families are needed in order to provide equity and access for all students, and to close current achievement gaps. In this view, schools should be in the business of collaborating with other agencies in order to provide the coordinated services which enhance student achievement.

These opposing views are addressed in some schools by models in which educators provide service referral rather than service delivery. Many schools currently offer effective coordinated service delivery to children and their families without the use of local campuses as service delivery sites. For example, the Children's Cabinet in Reno, Nevada is a nonprofit "umbrella" agency which offers health and human services to students referred by the public schools (Zimmerman, 1991). The Reno superintendent of schools reports that local school campuses have greatly benefitted from having a site where children and families can be referred. This is because two critical variables, proximity and access to services, have been addressed.

Edelman and Radin (1992) summarize several of the current debates surrounding the provision of effective supports for children and families. These discussions are often centered on three questions: (1) what is the federal government's role in the provision of coordinated services, (2) can increased funding pro-

duce effective changes in social service delivery, and (3) is there a single solution for all of the social and economic barriers faced by many children and families?

Role of the Federal Government

Edelman and Radin describe the 1960s as characterized by a belief that the federal government should serve as a direct provider of health and human services and act as a social change agent. The implementation of this approach indicated that it was, in reality, far too simplistic to be effective. This view was later abandoned as categorical federal programs introduced during the War on Poverty were shown to be ineffective in eliminating the social and economic issues they were designed to address. Edelman and Radin note that a recently renewed emphasis on private sector initiatives and volunteerism may have sprung from the failure of federal programs of the 1960s to eliminate many of the nation's more pressing social and economic crises.

Funding

A second question addressed by Edelman and Radin is that of whether money alone can address the complex social and economic issues faced by many children and their families. In reality, federal and state governments do not possess the financial resources to create meaningful and lasting social change. Funding can be provided more effectively within the context of restructuring the manner in which existing services are locally delivered.

Solutions

Edelman and Radin outline a third question in the area of coordinated service delivery systems: the search for a single program that will instantaneously address all of the massive social and economic issues confronting many children and families. In reality, existing efforts at program development and implementation can often be characterized as jumping from one "quick fix" to the next. Edelman and Radin conclude that "although there is no single solution to the multiple issues facing children and families, there are many existing interventions and programs that have demonstrated effectiveness."

Edelman and Radin assert that many of the challenges facing children and families are not only complex, but interrelated. Consequently, coordinated prevention programs are much more effective than intervention or crisis management approaches. The National Association of State Boards of Education (1991) similarly notes that no single solution exists which can guarantee success in school for all children. However, children's families can often be used as an additional support system for the enhancement of student achievement.

Barriers

Personal

Levy and Shepardson (1992) note a strong correlation between low levels of scholastic achievement and the economic and social barriers faced by many children. Henry Levin (1988) estimates that one third of the nation's students are confronted by significant challenges to the achievement of excellence and equity. The National Association of State Boards of Education (1990) contends that students in at-risk situations are often the population in greatest need of access to the community resources required to succeed in school.

Institutional

A number of institutional factors may also prevent a coordinated approach to education, health and human service delivery. The Center for the Future of Children (1992) has identified several of these obstacles. First, public education is a large and complex service delivery system unto itself. Health and human service delivery programs add additional layers of bureaucracy, as well as programmatic and funding diversity. The categorical nature of many federal and state funding sources often prevents a coordinated approach to serving children's needs. Additionally, many health and human service agencies, as well as in-school programs, are structured to provide crisis intervention rather than prevention services (Zimmerman, 1991).

Kirst and McLaughlin (1990) describe two institutional barriers to effective service delivery to children and families as: (1) underservice and (2) fragmentation of services. These two barriers tend to compound other personal and environmental factors such as poverty and delinquency. With respect to underservice, many families and children are either underserved or not served at all. Support structures continue to decline in the face of diminishing resources and accelerating caseloads. For example, Kirst and McLaughlin report on a California study which found that 20 percent of all emergency calls related to child abuse received **no agency response** for up to one week.

With respect to service fragmentation, Kirst and McLaughlin cite the example of California, in which over 160 different programs currently operate to provide services to children and families. Fragmented services prevent a coordinated approach to the provision of supports for children and families. Fragmentation also

impedes any systematic evaluation of program effectiveness. Family issues tend to be addressed in an isolated manner in a fragmented service delivery system. Financial and human resources cannot be utilized effectively. Additionally, children and families are unable to be active participants in the removal of barriers from their own lives.

Kirst and McLaughlin (1990) report that there are few financial incentives for service providers to implement a coordinated approach. These researchers also point to the separation of college and university training programs (e.g., separate colleges of education, social work, medicine, and public administration) as a barrier which creates turfism and isolation. Professional development opportunities, such as conferences, workshops and inservice training are also offered along disciplinary lines.

In Texas, a significant obstacle to coordinated services may be posed by language issues. Coordinated service delivery programs should address student and family needs in a language they can understand. Many successful program models, such as the Hogg Foundation's Schools of the Future, include a bilingual component and activities designed to enhance cultural identity.

Morrill (1992) has outlined a number of additional factors which may prevent the coordinated delivery of education, health and human services. Discussion of these factors follows.

- **Multiple Issue Families**

  Many services are not designed to address the multiple and interrelated issues faced by many children and families (e.g., poverty combined with illness, abuse and lack of access to appropriate education services). Increasing numbers of children and families fit into the "multiple issue" category. Failure to address one barrier may prevent other interventions from being effective.

- **Restricted Access**

  Restricted access is a particularly strong barrier for children and families who require multiple services. As Morrill notes, barriers to services may be both technical and physical. In general, each service agency has its own client definitions and service eligibility requirements. Different service agencies are often located in several geographical locations.

- **Limited or No Follow-Up**

  Many service delivery programs offer little or no follow-up. Continued services to ensure ongoing program participation are often nonexistent.

- **Restrictive Bureaucratic Procedures**

  Rules and regulations may become barriers to coordinated service delivery. Examples include rules about facilities, funding sources, client definitions, access to client information, or restrictions on the types of services to be offered.

- **Stereotypes**

  Collaboration can be difficult when different professions or government agencies stereotype or scapegoat one another. A coordinated service approach requires partnership and cooperation.

Edelman and Radin (1992) outline several major governmental or legislative concerns related to coordinated service delivery. The first barrier relates to implementation of coordinated service delivery programs. These researchers note that federal and state implementation of new initiatives usually occurs in small and incremental stages. Advocacy organizations also often focus on a single issue; e.g., delinquency or dropouts. There are fewer lobbyists for a coordinated service delivery system than for single social issues. Additionally, in an era of scarce resources, it is easier for federal or state legislatures to address a single issue (e.g., dropouts or delinquency) than a coordinated service delivery program.

Zimmerman (1991) suggests that prevailing attitudes represent a powerful deterrent to a coordinated education, health and human service delivery system. Many service providers remain entrenched in programmatic or categorical thinking. "It's not our job" is a common statement. Current funding streams also reinforce categorical thinking.

The National School Boards Association (1991) indicates that one major obstacle to collaboration is that "collaboration requires a new way of thinking." As discussed by this organization, collaboration means that schools and service agencies must often go far beyond existing rules and regulations. Everyone involved in a truly coordinated service delivery effort must also shift from a programmatic to a client-based focus.

Zimmerman (1991) advocates communication between key players as one of the most effective solutions to barriers such as turf issues and isolationism. For example, the San Diego, California, Superintendent of Schools reports that he was in office for several years before he even met the city's directors of health and social services (Zimmerman, 1991). Task forces and work groups, in which different agencies can meet and develop common understandings of terminology, service delivery criteria, client populations, programs, and data management systems can be effective forums for staff development.

The American Federation of Teachers (1991) reports that one barrier to coordinated service delivery is the controversial nature of some client services. Examples include the dispensation of birth control information or devices in school-based health clinics. However, research suggests that sex education may be designed and implemented such that it actually results in a delay of adolescent sexual activity ("Sex Education Can Delay Activity, Study Says," *Education Week*, January 15, 1992, p. 9). Educators may also face public relations problems with respect to the establishment of school-based mental health or drug treatment facilities. However, school-linked interagency coordination programs may be structured to provide critical services such as enhancement of school safety, on-site dropout prevention, alcohol or other drug use prevention, and intervention in child abuse cases.

Morrill (1992) acknowledges the substantial costs associated with the development of school-linked service delivery systems, particularly in terms of the time and effort required to become knowledgeable about a wide variety of services. However, schools are impacted by noneducational issues in the lives of students, whether or not they participate in coordinated service delivery initiatives. Involvement in a collaborative effort offers educators the opportunity to gain expertise in a number of areas such as school violence, alcohol or other drug use, student suicide, and child abuse or neglect that they may have to address under any circumstances. Many educators who fail to make the investments associated with the development of school-linked service delivery systems may be left with crisis management approaches to critical student issues.

Another obstacle to coordinated service delivery is legal responsibility (American Federation of Teachers, 1991). Arrangements for coordinated services on a particular campus may lead to questions about which service provider has legal responsibility for a child or family. A related issue is confidentiality of client information. However, successful efforts to address this barrier exist, such as the Kentucky Integrated Delivery System (KIDS). This system included in its development the creation of a formal release form which defines the conditions under which agencies may exchange client information.

Successful Practices

Early Intervention

According to *Fortune* magazine (August 10, 1992), the most cost effective services for children and their families are those which are provided before birth. Each dollar spent on prenatal care saves $3.38 on intensive hospital care after delivery. Douglas W. Nelson of the Annie E. Casey Foundation asserts in this article that, "Allowing problems to become full-blown is the expensive way to solve them. If we get just a little better at prevention early in a child's life, we can afford to do a lot more of it."

Another period of effective early intervention is at the preschool level. Studies of participants in the federal Head Start program indicate that each dollar spent on a good preschool program reduces later expenditures for special education, welfare, adolescent pregnancy and parenting, and incarceration by $6.00 (*Fortune* magazine, August 10, 1992, p. 37).

Northwest Regional Educational Laboratory (1991) reports that of the existing programs which provide coordinated educational and social services, early childhood programs are usually the most comprehensive. Many of these programs include family involvement and empowerment components. In these models, staff actively involve families in the development of program goals and decisions.

The National Association of State Boards of Education (1991, p. 13) has summarized several additional cost/benefit ratios which can be achieved through effective early intervention programs:

$1.00 on childhood immunization	SAVES	$10.00 in later medical medical costs
$4,500 for family services	SAVES	$10,000 for one year of foster care (per child)

Characteristics of Successful Programs

Educational researchers (Zimmerman, 1991; Levy and Shepardson, 1992) contend that there is no single model for the effective provision of school-linked services. A thorough needs assessment of the children, families and communities to be served is an essential prerequisite for program design. The goal of any well-designed system should be an integrated service delivery program which produces successful outcomes.

In the absence of a single model which is appropriate for meeting the needs of all children and families, one approach is to examine common characteristics of successful initiatives. The National School Boards Association (1991) has outlined five elements of an effective collaborative program:

- **A Wide Array of Services**

  Many families and children face a broad range of social, economic and health-related issues. Effective interventions include an array of services that successfully address all of the barriers faced by a child or family.

- **Strategies that Ensure Adequate Support for Children and Families**

  Services should be accompanied by strategies designed to ensure that families actually receive them. One common approach is to offer an array of services at a single point of access, commonly called "one-stop shopping."

- **Strategies that Encompass the Entire Family**

  Parents' and children's issues are often interrelated. Successful collaborations simultaneously address the multiple barriers that a child or family may face.

- **Strategies that Empower Families**

  Effective programs actively engage families and children in the identification of programs, services and strategies.

- **Appropriate Evaluation Techniques**

  Collaborative programs should measure outcomes rather than inputs. Examples of outcomes include reductions in gang membership, decreases in high school dropout rates, increases in inoculations for children entering school, or increases in children participating in preschool programs.

Southwest Educational Development Laboratory (1990) and The Center for the Future of Children (1992) have outlined several additional criteria for effective school-linked services:

- Delivery systems encourage flexibility, minimize referrals, and emphasize ongoing relationships with clients.
- Programs have strong community support which adds credibility and good public relations.
- Programs develop permanent funding sources.
- Agencies are willing to completely restructure their service delivery systems for children and families, as well as change their working relationships with one another.

- Program planning and implementation are a truly collaborative effort.
- Services are coordinated and address the individual needs of children and families.
- All participating agencies contribute funds to a collaborative program.
- Agencies involve and support students' families.
- Agencies collect evaluation and financial data.
- Agencies respond to the racial, ethnic, linguistic and socioeconomic diversity of children and families.

Collaboration is the word for the 90s.

–American Association of School Administrators: *America 2000: Where School Leaders Stand*

Program Implementation

Levy and Shepardson (1992) have developed a set of questions to be asked prior to designing and implementing a school-linked or school-based coordinated service delivery program:

- **What are the Program's Primary Objectives?**
  School-linked service delivery programs are generally designed around four objectives: (1) remediation, (2) early intervention, (3) elimination of causal factors, and (4) provision of additional supports to children and families.

- **Who are the Program's Clients?**
  What population(s) will be targeted?

- **What Services will be Offered?**
  The program's clients, goals and available resources will determine the services needed.

- **Where will Services be Located?**
  Will services be school-based or school-linked?

- **Who has Responsibility for Service Delivery?**
  School personnel should have a role in program development and needs assessment, but should not be required to serve as direct service providers.

Summary of Recommendations from the Literature and Research

Researchers and advocacy organizations (Kirst, 1991; Center for the Future of Children, 1992) have made a number of recommendations for the future development of enhanced supports for children and families. However, they also caution that restructuring education, health and human services in order to provide a more coordinated delivery system is still in its infancy stage. Little evaluation data has been gathered from existing programs, and policy development is too new for any meaningful evaluation of its impact on children and families.

The Center for the Future of Children (1992) has identified six critical factors to the success of coordinated school-linked health and human service delivery systems. These issues follow.

- **Systemic Change**

  Seamless delivery of education, health and human services to children and their families requires systemic change that simultaneously restructures all of the delivery systems involved. The manner in which services are provided, as well as the way in which individual agencies communicate and collaborate with one another, should improve. The organizational structures of all agencies involved in a coordinated approach should support collaboration.

- **Targeting Clients' Needs**

  Clients should be clearly identified in order for programs to be effective. Many existing programs target services rather than who is to be served. Children facing multiple barriers to achievement need a wide variety of health and human services. Within this context, confidentiality and human dignity should be respected. Students to be served should not be labelled, stigmatized or tracked.

- **Funds**

  Funding issues are often the most critical area which needs to be addressed before school-linked services can be implemented. Many controversies in this field relate to concerns about adequate financial resources.

- **Evaluation**

  Evaluation of school-linked service programs has not been systematic or effective. Follow-up is needed in order to determine whether children and their families benefit from collaborative programs.

- **Leadership at the State and Federal Level**

  Advocates for school-linked services have voiced the need for greater state and federal leadership in order to develop and implement coordinated service delivery programs.

- **Alternatives to School-Linked Services**

  Future evaluation of the impact of school-linked services should include an examination of their effectiveness when compared to alternative approaches to improving student achievement.

The National Governors' Association (1990) includes coordination of services within its strategies for achieving America's national education goals. With respect to these goals, one strategy is to "remove preventable barriers to learning." As stated by the nation's governors, schools cannot do the job alone. Services such as health care, counseling, crisis intervention, alcohol or other drug use prevention and treatment, family support, and employment services are needed to increase the odds that all students will achieve their potential. Specific strategies advocated by the National Governors' Association include implementation of a support system which ensures that students receive all needed services. This association also recommends action at the state level to provide incentives for service coordination and an enhanced focus on client-centered services. Public education on available services and coordinated service delivery systems is another recommended strategy. Additionally, existing rules and regulations that serve as deterrents to coordinated service delivery should be revised or removed.

San Diego Superintendent Tom Payzant (Zimmerman, 1991) has offered several recommendations for the local development of collaborative education, health and human service delivery programs:

- Program administrators should serve as catalysts for local change. Leadership may come from a variety of sources, including educators, health and human service agency administrators, and community activists.
- Data is a powerful component of the decisionmaking process. Dr. Payzant reports that San Diego's coordinated service delivery initiative was driven by a local study which showed how much duplication of effort was occurring among local agencies.
- Schools and service agencies should refrain from traditional score-keeping; e.g., "We spent $6,000 and you only spent $4,000." Commitment, resources, and social change cannot be measured solely in dollars.

- Collaboration should extend beyond political and professional expertise. A coordinated service delivery system should be "user-driven." The children and families to be served should be provided with opportunities for meaningful input into program design and implementation.

Bane (1992) argues that the current delivery system for special education services can provide one model for coordinated service delivery. Special education placement often begins with teacher referral, utilizes a case management approach, provides individualized growth plans which address the needs of the whole child, and includes a broad array of services.

Kirst and McLaughlin (1990) note that a school-linked approach to service delivery may ultimately create a change in the role of campus principals. The principal's job could evolve into that of coordinator for a broad array of education, health, and human services. However, coordination of services for children and their families could also be assigned to other professionals such as school social workers.

Conclusion

The National Governors' Association (1990) states that the nation's education goals can only be achieved through partnerships which include educators and other service providers, higher education, private industry, families, and communities. Barriers to learning can be reduced or eliminated through a coordinated effort. This organization asserts, "A comprehensive solution requires coordinated action. No single agency, institution, or group can do what is required. Making the necessary changes and achieving the goals will require the combined efforts of several state agencies, the legislative branch, virtually every educational institution and educators, parents, business groups, and others."

The National Association of State Boards of Education (1991) has proposed the creation of "caring communities" to fill existing gaps in supports and to develop quality programs for children and families. Within this context, this association recommends improved services for children and families with respect to health care, child care and family supports. It also advocates improvement of the supports for children currently provided through public schools, including collaboration with community agencies, to provide services to children and families.

Texas Commissioner of Education Lionel R. Meno has stated that students, as well as the learning outcomes we expect for all students, are the "nonnegotiables" in our state's public education system ("Meno's Message," in *America's Agenda*, Fall 1992). What is negotiable is the program designed to serve an individual student. This philosophy may serve to reconceptualize Texas' education, health and human service delivery systems in terms of a more collaborative approach to serving the needs of all students. Clients, whether they are individual children or entire families, can be perceived as the "nonnegotiable" in the state's health and human service delivery systems. The "negotiable" portion then becomes the service delivery systems which are put in place to serve all clients, whether these clients are individual children or entire families.

The potential benefits of coordinated education, health and human services, whether these services are school-based or school-linked, include more efficient use of state and local resources to serve all Texans, increased resources for eliminating the multiple social and economic barriers faced by many children and families, and enhanced supports for excellence and equity in student achievement.

Hodgkinson (1989) is one of the original advocates of client-centered education, health and human service delivery systems. Hodgkinson asserts that educators need to become better acquainted with health and human service delivery providers because they are all serving the same clients–children and their families. Children and families should be the "nonnegotiable" in coordinated service delivery. What is negotiable is the programs and services put in place to serve our most important clients–Texas' children and their families.

National Initiatives

Carnegie Initiative

Carnegie Corporation of New York has recently awarded more than $4 million in two-year grants to fifteen states which will continue its Middle Grade School State Policy Initiative. These funds will be utilized to address two areas: (1) school restructuring with respect to organization and management, classroom practices and teacher education and certification, and (2) linkages between middle grade schools and families, health and social services agencies, and youth-serving organizations. Texas has been awarded funds under this initiative for reform of curriculum, instruction and assessment at the middle school level. Several other states (e.g., California, Connecticut, Illinois, Massachusetts, South Carolina, and Vermont) have been awarded funding for efforts related to both reform of curriculum, instruction and assessment and the integration of education and health services for young adolescents.

Children's Initiative

Pew Charitable Trusts has dedicated $56 million to a five-state 11-year initiative designed to restructure children's social, education and health services into a seamless delivery system. The Center for Assessment and Policy Development in Philadelphia will administer this program. States selected for grant awards will establish family centers which provide social, psychological and medical services targeted at children ages 0-6. States selected for participation in this effort will be required to develop two sites by the end of 1997 and to demonstrate statewide establishment of family center networks by 2003. This effort is unique in that it is designed to create long-term, comprehensive, state-level changes in service delivery to children and families. States invited to apply for planning grants are: Colorado, Florida, Georgia, Kentucky, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, Oregon, Pennsylvania Rhode Island, Washington, and West Virginia.

Cities in Schools

Cities in Schools is a national model of coordinated services provided on or near a school campus. This program offers dropout reduction services through reassignment of service agency personnel. The model includes involvement of local schools, businesses, communities, families and social service providers. Cities in Schools programs are governed by local boards and staffed by local agency personnel. Cities in Schools programs have served over 38,000 students at 400 sites across the nation.

Comer School Development Program

James Comer's site-based change process, the School Development Model, has been implemented in a number of schools across the nation. Its primary clients have been urban students in at-risk situations. In Comer's School Development Model (Dolan, 1992), effective schools meet the academic, mental health and social needs of the children and families they serve. Schools are viewed as vital members of the community. Communities and schools form partnerships toward developing the whole child. Community service providers are active members of the school team. Services include health care, day care, mental health clinics, parent education classes, and connections with local housing agencies. Evaluation results from program sites indicate improvements in academic achievement and overall school climate.

League of Schools Reaching Out

The League of Schools Reaching Out is a national network of forty-five schools in California, the District of Columbia, Florida, Indiana, Massachusetts, Missouri, New Jersey, Ohio, Rhode Island, Tennessee, Texas (Barron Elementary School in Plano), Virginia, and Wisconsin. This network was organized by the Institute for Responsive Education in Boston, Massachusetts. The goal of the network is to develop improved family-school-community partnerships which contribute to success for all students.

National School Readiness Task Force

The National School Readiness Task Force was appointed in January 1991 by the National Association of State Boards of Education to promote achievement of the country's first national education goal: *All children will start school ready to learn*. This task force emphasizes the critical role that families and communities play in ensuring that all children will come to school ready to learn. Existing policies and practices may work as either resources or barriers to academic achievement, according to the task force. The task force emphasizes that strengthening the bond between schools and families will ultimately increase the effectiveness of the nation's public education system.

New Futures

The New Futures Initiative is a $40 million effort funded by the Annie E. Casey Foundation in Dayton, Ohio, Little Rock, Arkansas, Pittsburgh, Pennsylvania, and Savannah, Georgia to provide interagency collaboration for students in at-risk situations. Project goals include increased service coordination to raise student achievement levels, reduced dropout rates, prevention of adolescent pregnancy, and increased youth employment. Each participating city has developed a case management system to provide students in at-risk situations with an adult who offers both support and access to an array of services.

An initial evaluation by Gary Wehlage of the University of Wisconsin at Madison indicates that systemic change has not occurred as rapidly as planned. This effort has resulted in several supplemental programs rather than institutional or systemic change. However, evaluators have noted positive changes in peer relations as well as student-teacher interactions. Many teachers have taken on a more supportive role with their students. Several campus-level changes, such as implementation of the school-within-a-school concept, computer-based learning laboratories, and heterogeneous grouping have also been successful.

Policy Academy on Families and Children At Risk

The State Council of State Policy and Planning Agencies has developed a Policy Academy on Families and Children At Risk, which is designed to provide a forum for state initiatives designed to enhance services for families and children through coordinated service delivery systems.

School-Based Early Childhood Centers

The School-Based Early Childhood Centers Project is a five-year effort conducted by the Northwest Regional Educational Laboratory in 30 schools in Alaska, Idaho, Montana, Oregon, and Washington. The goal of the project is to establish school-based early childhood centers for children ages 4 to 8 which include parental support and training and collaboration with social service and community agencies. Cooperation with the federal Head Start program is also included as a project activity. The project has identified and documented model programs throughout the five-state region.

School, Family and Community Connections Programs

This program was established by the Center for Research on Effective Schooling for Disadvantaged Students at Johns Hopkins University in order to develop improved programs for students in at-risk situations. Current activities include development of a research base on ways for schools to provide assistance to families of students in at-risk situations. Effective community involvement is another component of this initiative.

State Initiatives

Arkansas

The Annie E. Casey Foundation established the New Futures Program in 1988 to provide services to students in at-risk situations. This initiative serves middle and high school students through a case management approach to education, health and social services. The New Futures Program provides a linkage between school restructuring and service integration activities. Services include case management, a management information system, and youth employment services. Program goals include dropout reduction, reduced adolescent pregnancy rates and decreased youth unemployment. The Annie E. Casey Foundation is supplying approximately $1 million per year to this program. Additional funding comes from a redirection of agency funds, as well as additional state and local monies. Sites include both school-based and school-linked models.

Bald Knob, Arkansas is a rural school district with one K-12 campus which has received national attention for its supports to children and families through the removal of barriers within or outside of the school setting. The program's philosophy is that education, social, health, family, and other student needs should be addressed in a holistic manner rather than by individual agencies. Services include day care for children of parents in adult education programs, vocational-technical training, GED preparation, Head Start and parenting programs, a home-school liaison, a foster grandparent program, and career guidance. This program is funded through a combination of federal, state and local funds.

California

In 1991, the governor mandated that recommendations be developed for the integration of social, health, mental health, and support services in the California public schools. Healthy Start is one of these initiatives that integrate a broad array of services for students in at-risk situations.

Zimmerman (1991) notes that California's recent budget problems have increased the trend towards coordinated service delivery in order to maximize scarce resources. The state legislature enacted laws in 1989 which provide waivers for counties involved in interagency planning and service delivery. Many California partnerships have also sought legal assistance for issues related to sharing client data.

The director of the California Department of Health Services suggested at a recent Urban Institute Roundtable on Children (Urban Institute, 1992) that school-based primary care programs, modeled on existing community health centers, should be widely implemented in order to provide coordinated service delivery. Additionally, the federal government should provide leadership in the establishment of "family friendly" systems through the creation of performance standards, development of consistent client eligibility and reporting requirements, and elimination of duplicated services.

New Beginnings is a school-based coordinated service delivery initiative in San Diego. This effort is particularly notable because two years of planning preceded program implementation. Program objectives include an integrated services approach, a school-linked center to provide support to children and families, a cross-agency training institute and a management information system. Services include social services, counseling, health care, parenting, adult education, and day care. Funding is provided by private foundations, in-kind contributions from participating agencies and community funds. This program includes an emphasis on early intervention as a part of its supports for children and families. Thus its primary focus is on elementary students. Staff from participating agencies are reassigned to local school sites. Far West Laboratory is conducting a longitudinal evaluation of this initiative.

Colorado

Colorado has established an Office for Families and Children which provides a focus for coordinated services to children and families. The state has emphasized public education, which is being provided through regional forums, as part of its overall plan to improve services to children and families.

The Family Resource School program was implemented in 1989 at six elementary schools in Denver. These schools offer activities that support student learning during the school day as well as after school. The sites provide a variety of nontraditional family services such as prenatal assistance, child care, alcohol and drug use prevention programs, career counseling, academic enrichment, and family programs such as adult literacy, English as a Second Language and vocational skills training. Program goals include removal of barriers to student learning, accelerated learning, empowerment of families in order to support student learning, and school-community partnerships. Funding is provided by the public education system, a local public utility company and the Piton Foundation.

Connecticut

The Connecticut Department of Human Resources implemented its Family Resource Center Program in 1988 to provide a community-based family and child support system delivered through the public schools. These programs are designed around Edward Zigler's Schools of the 21st Century concept. Schools are the point of access to a broad range of services, rather than direct service providers. Eight sites are currently operating in urban, suburban and rural areas across the state. Early childhood specialists are employed to operate the centers. They are assisted by community-based child and family service agencies. These centers offer services to new or expecting parents. Services include parent education, training and support; child care; and family day care homes. The 1992 program budget for these centers is $1 million.

Florida

The Florida Interagency Student Services Program was established by the state legislature in order to provide planning grants and assistance through the state department of education for the establishment of school-linked health and human service programs in Florida's middle schools. School districts and universities are collaborating to design instruments which will evaluate the effectiveness of these programs.

Florida is also developing "full service schools" which provide access to health, education and social services. These schools were developed around the philosophy that academic achievement can be significantly enhanced by addressing the well-being of children and families.

In Alachus County, local schools, social service agencies and the University of Florida's Medical School Department of Pediatrics have established a "one-stop shopping" family service center. Services provided through this facility include prenatal care, adult education, nutrition and medical services, preschool and latchkey programs, and after-school care.

Georgia

Youth Futures began in 1988 in Savannah. This program's goals include serving all pregnant women and children from birth through high school by "one-stop" neighborhood family centers. These centers provide coordinated services from 20 state, city and private service agencies. Families are tracked by computer to assess their health status and educational achievement. Follow-up services are provided where needed. Four other cities are currently replicating Youth Futures programs.

Illinois

The Ounce of Prevention Fund began in 1987 as a partnership between the Illinois Department of Children and Family Services and the Pittway Corporation Charitable Foundation. Additional funding is provided by the National Center for Child Abuse and U.S. Department of Health and Human Services. This partnership serves to coordinate and obtain services for children and their families in several communities. It also provides research, training and technical assistance for local community-based programs. The Ounce of Prevention Fund is particularly notable for its program models, which have broken away from a "deficit" model of barriers to excellence and equity faced by children from diverse ethnic and socioeconomic populations.

Indiana

In Evansville, Community Attendance Resource Teams bring together staff from a variety of community service agencies. Individualized plans are created for targeted elementary and middle school children with low attendance. Services are provided through a case management approach. Planning grants are available to individual schools to improve student attendance. Program goals include a rapid return of children to the regular education program and enhancement of service delivery to children and families. This initiative is funded by a state grant.

Kentucky

Kentucky's comprehensive restructuring of its education system includes a legislative mandate for Family Resource Centers at all elementary, middle and secondary schools by 1995. These centers provide students with either direct services or referrals to existing health and human services. Services include child care, parenting education, health and social services, employment counseling, summer employment, and drug or alcohol treatment. Issues addressed by these centers include homelessness, child abuse, and basic needs such as food, clothing and shelter. The goal of these centers is to eliminate barriers to student achievement. Schools where at least 20 percent of the students qualify for a free or reduced-price lunch are required to develop a Family Resource Center. The first 133 centers in this initiative are in operation. The annual program budget is $9 million for 1992, but is projected to increase to $36 million over the next five years.

Initial evaluation of the state's Family Resource Centers indicates that they have been highly successful and have received widespread support. State policymakers enthusiastically report that thousands of children and families have been served by these centers. Access to services for children and families has improved significantly. Initial concerns that these centers would promote sex education have been alleviated through education of both resource center staff and members of the surrounding community.

Maryland

Maryland's Commission for Families has provided a unique approach to coordinated service delivery through the development of partnerships between families and local governments. Home-based services are a critical component of this program. Agency staff meet with families in their own homes in order to identify family strengths. This approach, which focuses entirely on family-centered services, emphasizes working with the entire family to determine needs and set priorities. Outcome measures are based upon the number of families served and placements prevented.

Success for All is a schoolwide restructuring program in five Baltimore elementary schools which includes a family and community support component. This initiative is designed to provide a coordinated longitudinal prevention program which will address the needs of children in poverty. Researchers (Madden, Slavin, Karweit, Dolan and Wasik, 1992) describe the goal of this program as "to prevent remediation at all costs." A family support team, which includes social workers, attendance monitors, Chapter 1 parent liaisons, counselors, administrators and teachers, serves in each school. Support services include parenting education in support of student success. The program is patterned after James Comer's schoolwide restructuring model in New Haven, Connecticut (Comer, 1988). Academic components of this program include research-based preschool and kindergarten programs, a research-based reading program and one-to-one tutoring. A three-year study of this initiative indicates that reading scores have improved, retention in grade has decreased significantly and school attendance has improved. The program has reported its most significant impact on students who were scoring in the lowest 25th percentile of their classes. Success for All has expanded to thirty-five schools across the country (Dolan, 1992).

Minnesota

Minnesota has been described (Council of Chief State School Officers, 1992) as a pioneer in the implementation of family support programs. In 1974, the state legislature funded Early Childhood Family Education sites in school districts across the state. This program, which is designed to ensure school readiness for all children ages 0-5, is available to expecting parents, grandparents, foster parents, and other family members.

Several major employers in Minneapolis-Saint Paul, including Honeywell, General Mills, Dayton Hudson and American Express formed a partnership in 1988 with the United Way, city and state government, and several other organizations to form an early childhood program titled "Success by 6." The goal of this program is to ensure that all children enter school healthy and ready to learn. This initiative seeks to provide nutrition, medical and counseling services for children and families. Program goals include prenatal care for all pregnant women, immunization of all preschoolers and parenting education to reduce child abuse. This program is being replicated in 25 cities across the nation.

Missouri

The Missouri legislature has mandated the provision of parent education and family support services in every school district in the state. Schools are required to provide parent education and developmental screening for children through age four. Most districts also offer additional services such as lending libraries, parent newsletters and referrals to other service agencies.

The Caring Communities Program in Saint Louis is designed to provide coordinated education, health, mental health, and social services. This program was developed out of a concern that teachers are unable to address social and economic barriers to academic success. It is funded by the State Departments of Education, Mental Health, Social Services and Health in addition to the Danforth Foundation. Services include counseling, case management, alcohol and other drug use prevention programs, parent education, services for latchkey children, health services, and pre-employment counseling. Elementary schools serve as sites for local agencies to provide services to children and families. Each Caring Communities site has a local board, including the school principal, that regulates and evaluates its program.

One notable program at the Walbridge Elementary School includes 22 on-site staff (full and part-time) which provide school-age child care, parenting education, after-school tutoring, drug and alcohol treatment programs, cultural awareness, and a case management approach. The student population at Walbridge is 95 percent African American. Morrill (1991) reports that the Walbridge program is unique with respect to its use of African culture to reinforce and integrate services. Issues such as poverty, unemployment, school violence and drugs are being successfully addressed by this program. Program goals include success in school, keeping children within the context of their families rather than under institutional care, and prevention of encounters with juvenile and law enforcement agencies. Missouri has demonstrated its ongoing commitment to this effort through its dedication of General Revenue funds. Additional funding is supplied by the Danforth Foundation.

New Jersey

The New Jersey Department of Human Services began implementing the School-Based Youth Services Program in 1987. This was the first state-level activity to provide school-linked services to support academic achievement. In this $6 million program, school-based or school-linked health and human services are offered by schools, hospitals, social service agencies and community-based organizations at 30 high schools across the state. There are no eligibility criteria—services are available to all students. Parental consent is required for all services. This approach is particularly effective in addressing barriers to excellence and equity before they become full-scale crises.

There is at least one School-Based Youth Services Program in each county. The state does not mandate a uniform program design, but does require each site to offer a set of core services (e.g., mental health and family counseling, summer and part-time job placement, academic counseling, referrals to other health and human service agencies) and to operate after school, on weekends and during vacation periods. Optional services offered by some sites include day care, services for adolescent parents, vocational programs, family planning, and transportation services. Average site grants are $200,000, with 25 percent matching funds from the host community. The Department of Human Services provides technical assistance and linkages to existing programs. The program has been cited as an exemplary project by the American Federation of Teachers (1991). These sites provide truly "one-stop shopping" for student services.

New York

The state legislature has committed substantial funding since 1987 for community schools which operate during extended hours to provide services to children and families. The community schools concept in Rochester is one example of schools serving as a delivery site for a wide array of services.

In New York City, three academies have been developed for students who engage in disruptive behavior, including those suspended from school for assault or weapons possession (*Education Week*, September 16, 1992, p. 12). Services at these academies include intensive assessment, expanded instruction, enhanced guidance and counseling, and community service learning. In Manhatten, a similar program for secondary students in at-risk situations is being operated by a community-based organization. This high school provides social services in combination with vocational and academic instruction.

Oregon

The Community Service Project at Columbia Villa in Portland, Oregon was designed in 1988 to address local increases in gangs and school violence. This is a service integration program that repositions staff from social service agencies at a community site. Program objectives include creation of an interdisciplinary service team which includes law enforcement authorities; social service intervention; continuing education and GED preparation; tutoring; programs designed to reduce dropouts, tardiness, absenteeism and suspensions; community outreach services; a community center; and nutritional education. Program components include Head Start, alcohol and other drug counseling, Saturday school, Job Corps, vocational rehabilitation, social work services, youth development programs and a health clinic. Resources are provided by the Portland Housing Authority and several local agencies.

Portland middle schools employ student services specialists as part of the district's dropout reduction program. These specialists perform needs assessments, coordinate services and evaluate program effectiveness. Services include health care, mental health services and family counseling, which are provided directly or through referral to other agencies. Student service centers are located on three middle school campuses. Funds are provided by the Portland school district, state dropout reduction monies and federal agencies. Planning monies were provided by the Edna McConnell Clark Foundation.

Pennsylvania

In 1985, Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield initiated the Caring Program for Children Project, which provides low-cost health care in 29 counties to 40,000 children ages 0-19 who do not qualify for Medicaid yet lack private health insurance. This program has local support from businesses, churches, community organizations, hospitals, and 12,000 private physicians. It has been expanded to 19 other Blue Cross regions around the country.

Tennessee

Tennessee's 21st Century Schools reform plan, which became effective July 1, 1992, authorizes local school districts to develop and implement family resource centers designed to coordinate state and community services for families with children. The legislature has authorized $50,000 planning grants for districts wishing to establish a center. School districts with approved family resource centers may receive additional state dollars for elementary parent involvement programs, early childhood programs for children in at-risk situations, pre-K programs for parents with children in at-risk situations, school-to-work transition programs at the high school level, and programs for pregnant students.

The state has also established student learning centers in several urban housing projects. Program sites include Nashville, Chattanooga, Knoxville and Memphis. These centers offer assistance with homework and on-site counseling services for children. Parent education programs are also provided. Certified teachers offer on-site academic services to both parents and children. The state noted in establishing these centers that many students in at-risk situations live in urban housing projects, a disproportionate number of them in single parent homes. Initial evaluation of these centers has found improvements in academic performance, attendance and classroom behavior. A particularly exciting finding has been the significant increase in parental involvement in the schools, as well as a rising interest in parenting education classes.

Virginia

In Norfolk, Edward Zigler's School of the 21st Century Program is being combined with James Comer's School Development Program to produce a more comprehensive model at the elementary level (*America's Agenda*, Fall 1992). Comer's model, which has been implemented in several low-income urban areas, emphasizes student development and student-school connections. The Zigler model, which has been implemented primarily in suburban schools, focuses on family supports and child care. It includes home visits starting at age three. Preschool is available for three to five year olds. Before- and after-school care is provided for elementary students. The combination of these two models is predicted to enhance school climate as well as provide a family and community support system. Funding for this initiative is provided by the Carnegie Foundation. It is expected to begin in 1993.

The Berkley/Campostella Center in Norfolk is a model early childhood program which includes linkages among education, social, health care, career development, and child care services to serve young children and their families. One-stop shopping for health and social services is provided. Parenting classes teach families how to promote their children's academic success. Aid to Families with Dependent Children (AFDC) parents may use the center to fulfill community service requirements.

West Virginia

West Virginia is currently implementing Kentucky's model for coordinated services to children and families. The Governor's Cabinet on Children and Families has also developed a data base of child care services available to families. The data base helps state agencies to assess and improve services.

Washington D.C.

The Adopt-A-Family program in Washington, D.C., was created to strengthen and provide economic independence for families within their neighborhoods and communities. Trained volunteers (individuals or families) serve as mentors to adopted families. One example of a success story from this program (cited in National Association of State Boards of Education, 1991, p.31) was a homeless single mother of three who earned her GED, gained employment and enrolled in college.

Texas Initiatives

A number of programs and initiatives that provide coordinated service delivery for Texas children and their families are underway. Several of these efforts follow.

Adult and Community Education

The Texas Education Agency Division of Adult and Community Education coordinates with the Office of the Governor to provide education services to immigrant populations who have applied for legalization under the Immigration Reform and Control Act of 1986. In Texas, approximately 420,000 individuals have applied for legalization. Funds for this initiative are distributed in order to provide support for a variety of health, education and social services.

The division also collaborates with the Texas Department of Human Services to provide adult education services to Aid to Families with Dependent Children (AFDC) recipients. The Texas Education Agency matches state adult education monies with federal AFDC funds to pay for adult education services for this designated population. In 1991-92, over 13,500 AFDC recipients were provided with adult education services.

Contact Person: Pavlos Roussos, Division of Adult and Community Education, Texas Education Agency

Bright Futures

Bright Futures is a policy statement developed by staff from several Texas state agencies, the Office of the Governor, the Center for Public Policy Priorities and the Children's Defense Fund. Assistance is provided by the U.S. Department of Health and Human Services. This policy emphasizes the current need in Texas for a coordinated service delivery system which includes early childhood, public education, health, and human services. The goal of this initiative is to ensure that all Texas children are provided with the supports needed to ensure a "bright future." Integration of coordinated services into all of the state's early childhood programs is a primary goal. This goal will be implemented through several models, including case management, school-based or school-linked services, and family service centers. Proposed funding for these program models is based upon (1) existing resources and (2) increased federal dollars. If approved, implementation of model programs is projected for September 1993.

Contact Person: Ken Crow, Interagency Coordination, Texas Education Agency

Communities in Schools

Communities in Schools is a statewide dropout prevention program which serves students in at-risk situations. Social service providers as well as business and community volunteers are located on local school campuses in order to provide services such as counseling, tutoring, parent involvement, referral to social service agencies, enrichment activities, and work maturity skills training. Repositioned staff include personnel from the Texas Employment Commission, Texas Department of Human Services, Texas Youth Commission, local school districts, IBM, Southwestern Bell and JTPA private industry councils. The program is administered by the Texas Employment Commission. Funding sources include federal Job Training Partnership Act (JTPA) monies and state compensatory education funds. Public and private funds are also raised at the local level.

Contact Persons: Susan Hopkins and Mimi Purnell, Communities in Schools, Texas Employment Commission

Community Resource Coordination Group (CRCG) System

In 1987, the Texas state legislature mandated the establishment of local interagency staffing groups in response to the increasing number of children "falling through the cracks" in the state's health and human service delivery systems. The legislature required eight state agencies to develop a memorandum of understanding which delineates coordination at the state and local level. To date, 72 community resource coordination groups have been established.

Contact Persons: Rob Scott, Regional Education Service Centers, and Ken Crow, Interagency Coordination, Texas Education Agency

Comprehensive Developmental Guidance Program on Elementary Campuses for Students in At-Risk Situations

Senate Bill 297 as passed by the 73rd Texas state legislature has expanded funding from $5,000,000 to $7,500,000 for the state's initiative on comprehensive developmental guidance programs for elementary students in at-risk situations. These funds will be used to establish elementary guidance and counseling programs for students in at-risk situations in districts which receive monies under the state's compensatory education allotment. The goal of this effort is to develop and implement elementary guidance and counseling programs which will help to close current achievement gaps.

Contact Persons: John Lucas and Yvette Henley, Guidance and Counseling, Texas Education Agency

Elementary At-Risk Pilot Programs

The 71st Texas State Legislature established a number of pilot programs designed to enhance student performance and reduce the state's dropout rate. These programs operated during the 1989-90 and 1990-91 school years. One of these initiatives, titled Programs for Elementary At-Risk Students, was designed to create teams of school counselors and social workers to provide a support network for students in at-risk situations. These pilots extended the level of services generally provided to students in at-risk situations in order to include the entire family. Services included identification, referral, guidance and counseling, social work services, academic support, parent education, after school and/or summer programs, and referrals to local service providers. Approximately 2,000 children and their families were served from 1989 to 1991 at the five sites (Arlington ISD, Cleburne ISD, Houston ISD, Spring ISD and Ysleta ISD) funded by this initiative.

Contact Person: Criss Cloudt, Policy Planning and Evaluation, Texas Education Agency

Joint State Board of Education-Texas Juvenile Probation Commission Initiative on Juvenile Crime and School Violence

The State Board of Education and the Texas Juvenile Probation Commission recently began a joint initiative in order to address the increasing incidence of juvenile crime and school violence in the state. These two boards have established a joint task force consisting of three representatives from each board, and have identified the following issues for further development: (1) truancy, (2) collaborative training, (3) alternative schools for expelled youth, (4) development of infrastructure systems, (5) awareness sessions, and (6) education services provided through juvenile detention centers.

Contact Persons: Ken Crow, Interagency Coordination, and Sylvia Garcia, Division of Elementary, Middle and High School Education, Texas Education Agency

Schools of the Future

The Hogg Foundation at the University of Texas provides leadership and support for School of the Future sites across the state. These programs are currently operating in Dallas, Houston, Austin and San Antonio. Services include coordinated health and human service delivery, parent involvement, employment assistance, recreational programs, psychological and social work services, and enhancement of cultural identity. Information and services are provided in both English and Spanish at many sites. The Dallas sites include a "Dad's Club" to enhance the involvement of fathers and a Parent Room to help parents feel welcome at school. At the Austin sites, graduate students from the University of Texas School Psychology Program receive training in the provision of services to ethnic minority children and families in at-risk situations. The San Antonio site receives monies from the Children's Trust Fund of Texas to provide a bilingual/multicultural program which includes children's health care, nutrition, and parenting education services for pregnant women and children ages zero to three.

Contact Person: Scott Keir, Hogg Foundation for Mental Health, University of Texas at Austin

Texas Children's Mental Health Plan

The Texas Children's Mental Health Plan is a statewide interagency initiative designed to provide community-based primary and preventive mental health services for children. In the 1992-93 biennium, the state legislature appropriated $22.1 million for children's mental health services. The legislature increased this appropriation by $18.3 million for the 1994-95 biennium. Although these funds are administered by the Texas Department of Mental Health and Mental Retardation, the Texas Children's Mental Health Plan is governed by an interagency management team consisting of representatives from nine state agencies.

Funds are distributed to 45 mental health authorities so that interagency community management teams may determine their use. Each local community management team is required to maintain a parent advisory committee.

Contact Persons: Ken Crow, Interagency Coordination, and Jill Gray, Division of Special Education, Texas Education Agency

Texas Comprehensive School Health Initiative

The Texas Comprehensive School Health Initiative is a state-level health and education coalition whose mission is "To enhance and promote the health and well-being of children, youth and families in Texas schools through a collaborative effort of Texas organizations." This thirty member group, which includes representatives from the Texas Education Agency, Texas Department of Health, Office of the Governor, and many other public, private and nonprofit health and education organizations, provides a statewide forum for addressing the health and education needs of Texas students. Member organizations are assisting Texas school districts with activities such as the development of school/community coalitions that select programs and services which can meet local community needs.

Contact Person: Judy Jonas, Texas Comprehensive School Health Initiative, 406 East 11th Street, Austin, Texas

Texas School Health Network

The Texas School Health Network is an interagency effort by the Texas Education Agency, Texas Department of Health and Texas Cancer Council. This network funds regional school health specialists located at the state's twenty regional education service centers. These specialists provide technical assistance in many facets of school health, including the development of regional school/community health advisory coalitions.

Contact Person: Mary Jackson, Comprehensive School Health Division, Texas Education Agency

Examples of other initiatives across the state include:

- The Hogg Foundation at the University of Texas at Austin initiated the Child Studies Project in 1991 to study children's needs in relationship to existing services.
- Austin city and school district personnel are part of a three-year U.S. Department of Health and Human Services project designed to prevent children ages 4 to 8 from joining gangs. Five U.S. cities are participating in this national initiative. Parental involvement, multicultural education, conflict resolution, use of older children as positive role models, and alcohol and other drug use prevention are program components. Project social workers connect families with a variety of social services.
- The Coalition for Pride is a partnership between Southwest Texas State University and the San Marcos Independent School District. This initiative serves families and children through social work intervention, referral to community resources and a case management approach. School social workers are employed to provide linkages among families, schools and the community.
- In Houston, the "De Madres a Madres" (From Mothers to Mothers) program pairs trained female volunteers to work with pregnant women who have traditionally received no prenatal care. Volunteers make home visits, facilitate access to care, and assist with paperwork. Initial results indicate that no low birth weight babies have been born to program participants (Boyer, 1991).
- In 1987 the Carnegie Corporation and Pew Foundation began a research, education and training program in El Paso which is designed to improve health care along the U.S.-Mexico border. The project is housed in the El Paso office of the Pan American Health Organization. Its primary goal is to assist local communities in planning and implementing health care. Education, social services, government, health care, law enforcement, religious institutions and local citizens are represented on project committees.
- The Office of the Governor provides leadership for the statewide Head Start Collaborative Project, which offers coordinated service delivery for young children and their families. This initiative includes representation from a variety of education, health and human service agencies.
- The Texas City and La Marque school districts have developed a collaborative project titled Mainland Youth at Risk. This partnership includes local companies such as Sterling Chemical, Union Carbide and Amoco; municipal governments; local health and human service agencies; volunteer service organizations; religious organizations; the College of the Mainland; and the University of Texas Medical Branch at Galveston. A facility for the provision of school-linked services has been purchased by this partnership. The project will be implemented in stages, with the first phase targeted at children ages 0 to 5. Adolescents are the target population for the second phase of the project. Services include parent education, child care and adolescent health care.
- Texas Governor Ann Richards asked the 73rd Texas state legislature to pass legislation which ensures that all of the state's children are vaccinated. This proposal and several other recommendations for improved services were developed by the Governor's Texas Health Policy Task Force.

Resources

Organizations

Center for the Future of Children
David and Lucile Packard Foundation
300 Second Street
Suite 102
Los Altos, California 94022

This center publishes *The Future of Children*, a free quarterly publication which disseminates information on major children's issues.

Center for Research on Effective Schooling for Disadvantaged Students
The Johns Hopkins University
3505 North Charles Street
Baltimore, Maryland 21218

This center studies and evaluates programs for students in at-risk situations. It conducts the School, Family and Community Connections program, and publishes a newsletter as well as articles and reports on a variety of topics related to students in at-risk situations, including limited English proficiency, tracking and ability grouping, immigrant students, parent and community involvement, case studies of effective schools, and multicultural education.

Center on Families, Communities, Schools and Children's Learning
Institute for Responsive Education
605 Commonwealth Avenue
Boston, Massachusetts 02215

This organization is a consortium of universities and organizations whose mission is to conduct research, evaluation, policy analysis, and information dissemination to produce knowledge about the interrelationships among families, schools and communities and their impact on student achievement. It publishes two newsletters in addition to a report series. Activities include an international network of scholars who conduct research on families, communities and schools; videotapes; and a reference library.

Family Resource Coalition
200 South Michigan Avenue
Suite 1520
Chicago, Illinois 60604

This national organization works to increase the number of parent programs that help strengthen families. It provides information on program models, strategies and research.

Institute for Educational Leadership
Education and Human Services Consortium
1001 Connecticut Avenue, N.W.
Suite 310
Washington, D.C. 20036-5541
Telephone: (202) 822-8405

This organization has published a series of documents on interagency collaborations which provide children and families with needed services. Each document in the series is available for $3.

Joining Forces
400 North Capitol Street
Suite 379
Washington, DC 20001

Joining Forces is an initiative co-sponsored by the American Public Welfare Association and the Council of Chief State School Officers. This organization collects information about collaborative programs around the country. It has publicized a number of effective programs which bring health and human services to the school site.

National Center for Service Integration
National Center for Children in Poverty
Columbia University
154 Haven Avenue
New York, New York 10032
Telephone: (212) 927-8793

This collaborative operates an information clearinghouse and provides technical assistance to local programs in the areas of comprehensive services, early intervention and prevention and family outcomes. The center is developing a technical assistance network of individuals and organizations with expertise in service integration.

National Coalition for Parent Involvement in Education
Box 39
1201 16th Street, N.W.
Washington, D.C. 20036

This organization's goal is to develop and strengthen family/school partnerships. It provides information on programs, policies and strategies for enhancement of family/school relations. The organization's membership meets regularly in Washington to share information and develop joint projects. The coalition distributes information and brochures on specific topics such as guidelines for family/school partnerships.

Texas Business Education Coalition
900 Congress Avenue
Suite 501
Austin, Texas 78701-2447
Telephone: (512) 472-1594

This organization has made a number of recommendations for educational restructuring, including greater integration of social services with the public schools. It has developed both state and national recommendations to bring about this change. Representatives from Texas private industry, higher education, the judicial system, public education, junior colleges, universities, and the PTA serve on this coalition. The coalition publishes a newsletter and conducts a state conference. It has published a community action handbook which is available from the Austin office.

Texas Comprehensive School Health Initiative
406 East 11th Street
Austin, Texas 78701-2617
Telephone: (512) 477-6361

This health/education coalition, which includes representatives from 30 organizations, including the Texas Education Agency and Texas Department of Health, provides a vehicle for cooperation and coordination between member agencies and organizations. Coalition members also provide technical assistance to local schools in building community coalitions, that in turn can decide which programs and services are required in order to address local needs.

Texas Congress of Parents and Teachers
408 West Eleventh Street
Austin, Texas 78701
Telephone: (512) 476-6769

The Texas PTA is the state office for local school district Parent Teacher Associations (PTAs). It offers leadership, parenting training, publications, and a statewide vehicle for parent involvement in local schools. Services are available to parents, teachers, administrators, and community members.

Texas Head Start Collaboration Task Force
Governor's Office
Health and Human Services Policy Council
POB 12428
Austin, Texas 78711
Telephone: (512) 463-2198

This task force consists of 25 members appointed by the Governor. The task force works to provide comprehensive services for low-income children ages 0-5. Issues addressed by the task force include identification of program models, examination of rules and funding issues, and staff development.

Texas Work and Family Clearinghouse
1117 Trinity
Room 112 T
Austin, Texas 78701
Telephone: (512) 463-2974

This clearinghouse publishes the *Clearinghouse News* newsletter which highlights programs, research, funding opportunities, events and other items relating to work and families.

Publications

A Portrait of Schools Reaching Out: Report of a Survey of Practices and Policies of Family-School-Community Collaboration

This document, written by Don Davies, Patricia Burch and Vivian Johnson, is the first in a series from the Center on Families, Communities, Schools and Children's Learning. It presents the results of a survey of the members of the League of Schools Reaching Out, which is a national network of schools devoted to the development of family-school-community partnerships to provide success for all students. Ordering information can be obtained from: Center on Families, Communities, School and Children's Learning, Institute for Responsive Education, 605 Commonwealth Avenue, Boston, Massachusetts 02215

At-Risk Youth in Crisis: A Handbook for Collaboration Between Schools and Social Services

This four-volume series addresses collaboration, suicide, child abuse, and prevention of alcohol or other drug use. It provides guidelines for schools in their responses to youth in crisis. The series ($26.50) is available from: Eric Clearinghouse on Educational Management, College of Education, University of Oregon, 1787 Agate Street, Eugene, Oregon 97403

Confidentiality and Collaboration: Information Sharing in Interagency Efforts

This document discusses issues relating to information sharing, confidentiality, legal considerations, informed consent, and the use of management information systems to share client information. It is coded as AR-92-1 for ordering purposes. It can be obtained from: Education Commission of the States, Distribution Center, 707 17th Street, Suite 2700, Denver, Colorado 80202-3427

Connecting the Home, School, and Community: Directory of Partnership Programs, Resources, and Councils

This directory lists partnership programs in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas that involve families, schools and communities in addressing the needs of children ages three to eight who are in at-risk situations. Partnerships are defined as including parents, schools and communities working together to provide coordinated education, social welfare, health and mental health services as well as academic support. Highlighted programs include parent involvement and education, early childhood, child care, Parents as Teachers, Success for All, Communities in Schools, Chapter 1, Head Start, Even Start, and the Hogg Foundation's Schools of the Future. This document can be obtained from: Southwest Educational Development Laboratory, Resources for School Improvement, 211 East Seventh Street, Austin, Texas 78701

Coordinating Nonschool Services That Support Learning

This booklet is part of a series titled Rebuilding Public Education: America's Foundation for the 21st Century published by the American Federation of Teachers. It can be obtained from: American Federation of Teachers, 555 New Jersey Avenue NW, Washington D.C. 20001

Families in School: State Strategies and Policies to Improve Family Involvement in Education

This document is based upon case studies of parental involvement initiatives in Alabama, California, Florida and Minnesota. State strategies for staff development, technical assistance to school districts, inclusion of parental involvement in school improvement initiatives, standards for quality schools, and strategies to empower families are included. State coordinators are also listed. Ordering information may be obtained from: Council of Chief State School Officers, 379 Hall of the States, 400 North Capitol Street, N.W., Washington, DC 20001-1511

Link-Up: A Resource Directory

This book is part of a "best practices" series from the National School Boards Association. It contains program descriptions, target populations, funding sources, and program contacts for 171 interagency collaboration projects across the nation which were specifically designed to help children succeed in school. Ordering information may be obtained from: National School Boards Association, 1680 Duke Street, Alexandria, Virginia 22314

Models for Integrating Human Services into the School

This document by Lawrence J. Dolan (Report #30, March 1992) outlines several effective models for integration of human services with the public schools, including Success for All, New Jersey's School-Based Youth Services Project, the New Beginnings Program in San Diego, and Comer's School Development Program. Ordering information may be obtained from: Center for Research on Effective Schooling for Disadvantaged Students, The Johns Hopkins University, 3505 North Charles Street, Baltimore, Maryland 21218

Serving Children and Families Effectively: How the Past Can Help Chart the Future

This document provides an historical overview, examples of service delivery models and guidelines for effective program implementation. It is part of a series on collaboration developed by the Institute for Educational Leadership. All documents in this series are $3.00. This report can be obtained from: Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Washington, DC 20036

Trends and Issues: Involving the Families of At-Risk Youth in the Educational Process

This document provides parent involvement strategies for families of students in at-risk situations. The author, Lynn Balster Liontos, argues that most parent involvement strategies are based on a stereotype of middle income families. Case histories of schools which are successful at involving the parents of students in at-risk situations are outlined. This document is available for $6 plus $2.50 postage and handling from: ERIC Clearinghouse on Educational Management, College of Education, University of Oregon, 1787 Agate Street, Eugene, Oregon 97403

The Walbridge Caring Communities Program: Missouri's Collaborative Public-Private Partnership

This paper describes the development and implementation of the Walbridge program in St. Louis, Missouri. This program, as described in the State Initiatives section of this document, is unique in the manner in which it addresses the cultural experiences of African American children. It can be obtained from: TEA Clearinghouse, Amie Beckett, Education Program Director, Texas Education Agency, 1701 North Congress Avenue, Austin, Texas 78701

References

American Association of School Administrators. (1986). *Partnerships: Connecting School and Community*. Arlington, Virginia: American Association of School Administrators.

American Association of School Administrators. (1991). *America 2000: Where School Leaders Stand*. Arlington, Virginia: American Association of School Administrators.

American Federation of Teachers. (1991). *Coordinating Nonschool Services That Support Learning*. Washington, D.C.: American Federation of Teachers.

American Public Health Association. (1992). Results reported in the *Austin American Statesman*, November 10, 1992.

American Public Welfare Association and Council of Chief State School Officers. (1991). "Spreading the Word About Collaboration." *Connections*, Spring 1991, pp. 1-6. Washington, D.C.: Joining Forces.

Appalachia Educational Laboratory. (1991). *Child Care and Early Education in Kentucky, Tennessee, Virginia and West Virginia*. Charleston, West Virginia: Appalachia Educational Laboratory.

Association for Supervision and Curriculum Development. (1992). "Gaining Sight of America's Children." *ASCD Update*. (October 1992), pp. 2-3.

Bane, M.J. (1991). *Paying Attention to Children: Services, Settings and Systems*. Working Paper of the Executive Session on Making the System Work for Poor Children. Boston, Massachusetts: Harvard University, John F. Kennedy School of Government, Malcolm Wiener Center for Social Policy.

Bane, M.J. (1992). *Integrating Family Services: The State Role*. Boston, Massachusetts: Harvard University, John F. Kennedy School of Government, Malcolm Wiener Center for Social Policy.

Bianchi, S. (1984). "Children's Progress Through School: A Research Note." *Sociology of Education*, 57, pp. 184-192.

Blank, M., and Lombardi, J. (1991). *Forging New Relationships through Collaboration*. Policy brief from the Eighth Annual Symposium of the A.L. Mailman Family Foundation, White Plains, New York.

Boyer, E. (1991). *Ready to Learn: A Mandate for the Nation*. Princeton, New Jersey: Carnegie Foundation for the Advancement of Teaching.

Bruner, C. (1991). *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*. Washington, D.C.: Institute for Educational Leadership.

Butterfield, F. (1992). "Are American Jails Becoming Shelters from the Storm?" *New York Times*, July 19, 1992, pp. 4-5.

Carnegie Corporation of New York. (1991). "Promoting Binational Cooperation to Improve Health Along the U.S.-Mexico Border." *Carnegie Quarterly*, XXXVI, Winter Fall 1991.

Center for the Future of Children, David and Lucile Packard Foundation. (1992). *The Future of Children*. Volume 2, Number 1: "School-Linked Services." Los Altos, California: David and Lucile Packard Foundation.

Center for the Study of Social Policy. (1992). *Kids Count Data Book*. Washington, D.C.: Center for the Study of Social Policy.

Children's Defense Fund. (1990a). *Children 1990: A Report Card, Briefing Book and Action Primer*. Washington, D.C.: Children's Defense Fund.

Children's Defense Fund. (1990b). *An Advocate's Guide to Improving Education*. Washington, D.C.: Children's Defense Fund.

Children's Defense Fund. (1992). *City Child Poverty Data from the 1990 Census*. Washington, D.C.: Children's Defense Fund.

Cohen, S. (1964). *Progressives and Urban School Reform: The Public Education Association of New York City, 1895-1954*. New York, New York: Teachers College.

Comer, J. (1988). "Educating Poor Minority Children." *Scientific American*, 259, pp. 42-48.

Committee for Economic Development. (1987). *Children in Need: Investment Strategies for the Educationally Disadvantaged*. New York, New York: Committee for Economic Development.

Committee for Economic Development. (1991). *The Unfinished Agenda: A New Vision for Child Development and Education*. New York, New York: Committee for Economic Development.

Cotton, K. (1991). "School-Community Collaboration to Improve the Quality of Life for Urban Youth and Their Families." School Improvement Research Series, Topical Synthesis Number 5. Portland, Oregon: Northwest Regional Educational Laboratory.

Council of Chief State School Officers. (1989). *Restructuring Schools*. Washington, D.C.: Council of Chief State School Officers.

Council of Chief State School Officers. (1991). *Families in School: State Strategies and Policies to Improve Family Involvement in Education*. Washington, D.C.: Council of Chief State School Officers.

Council of Chief State School Officers. (1992). "A Concern about Families and Comprehensive Health Education Programs." In *Concerns*, July 1992. Washington, D.C.: Council of Chief State School Officers.

Davies, D., Burch, P., and Johnson, V. (1992). *A Portrait of Schools Reaching Out*. Report No. 1, February 1992. Boston, Massachusetts: Center on Families, Communities, Schools and Children's Learning.

Dolan, L. (1992). *Models for Integrating Human Services into the School*. Report Number 30, March, 1992. Baltimore, Maryland: Center for Research on Effective Schooling for Disadvantaged Students, The Johns Hopkins University.

Dolan, L., and Haxby, B. (1992). *The Role of Family Support and Integrated Human Services in Achieving Success for All in the Elementary School*. Report Number 31, April 1992. Baltimore, Maryland: Center for Research on Effective Schooling for Disadvantaged Students, The Johns Hopkins University.

Edelman, P., and Radin, B. (1992). *Serving Children and Families Effectively: How the Past Can Help Chart the Future*. Washington, D.C: Institute for Educational Leadership.

Elliot, D. (1993). "Richards Charges Legislature with Ensuring Vaccinations." *Austin American Statesman*, January 7, 1993, Section 1, p. 1.

ERIC Clearinghouse on Urban Education. (1990). "Linking Schools with Human Service Agencies." *Digest*, 62, February 1990.

Fortune Magazine. (Special Report, August 10, 1992). "Children in Crisis: The Struggle to Save America's Kids."

Gerry, M., and MacDonald, J. (1992). "Comprehensive Health Readiness." Discussion paper presented at the September 20-22 annual meeting of the Council of Chief State School Officers Study Commission in Snowmass, Colorado.

Hamburg, D. (1992). Quotation from "Translating Knowledge into Solutions for Children." *Update*, April 1992. Washington, D.C.: The Urban Institute.

Hodgkinson, H. (1989). *The Same Client: The Demographics of Education and Service Delivery Systems*. Washington, D.C.: Institute for Educational Leadership.

Hodgkinson, H. (1991). "Reform versus Reality." *Phi Delta Kappan*, September 1991, p. 16.

Hogg Foundation. (1992). *A Call to Action: Drawing a Blueprint for Texas Child and Family Policy*. Proceedings of the First Child Studies Project Symposium, June 11-12, 1992. Austin, Texas: Hogg Foundation.

Jargowsky, P. (1991). *The State and the Child: Improving the Services System for Children*. Working Paper of the Executive Session on Making the System Work for Poor Children. Harvard University: John F. Kennedy School of Government, Malcolm Wiener Center for Social Policy.

Kaplan, G., and Usdan, M. (1992). "The Changing Look of Education's Policy Networks." *Phi Delta Kappan*, May 1992, pp. 664-672.

Kirst, M. (1991). "Improving Children's Services." *Phi Delta Kappan*, April 1991, pp. 615-618.

Kirst, M. (July, 1992). "Getting Ready to Provide School-Linked Services." Paper prepared for the Council of Chief State School Officers, Saint Louis, Missouri.

Kirst, M., and McLaughlin, M. (1990). "Rethinking Children's Policy: Implications for Educational Administration." In *Policy Bulletin*. Bloomington, Indiana: Consortium on Educational Policy Studies.

Kozol, J. (1991). *Savage Inequalities: Children in America's Schools*. New York, New York: Crown Publishers.

Levin, H. (1988). *Accelerated Schools for At-Risk Students*. Stanford, California: Center for Policy Research in Education.

Levy, J., and Shepardson, W. (1992). "A Look at Current School-linked Service Efforts." In *The Future of Children*, Volume 2, Number 1: "School-Linked Services." Los Altos, California: David and Lucile Packard Foundation.

Madden, N., Slavin, R., Karweit, N., Dolan, L. and Wasik, B. (1992). *Success for All: Longitudinal Effects of a Restructuring Program for Inner-City Elementary Schools*. Report No. 28. Baltimore, Maryland: Center for Research on Effective Schooling for Disadvantaged Students, The Johns Hopkins University.

Magnet, M. (1992). "The American Family, 1992." In *Fortune* magazine. (Special Report, August 10, 1992). "Children in Crisis: The Struggle to Save America's Kids."

Marriott, M. (1992). "On Meaner Streets, The Violent Are More So." *New York Times*, September 13, 1992, E6.

Melaville, A., and Blank, M. (1991). *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*. Washington, D.C.: Institute for Educational Leadership.

Meyers, A., Sampson, A., Weitzman, M., Rogers, B., and Kayne, H. (1989). "School Breakfast Program and School Performance." *American Journal of Diseases of Children*, October 1989, pp. 1234-1239.

BEST COPY AVAILABLE

Morrill, W. (1991). *Selected Collaborations That Integrate Services for Children and Families*. Document prepared for the U.S. Departments of Education and Health and Human Services.

Morrill, W. (1992). "Overview of Service Delivery to Children." In *The Future of Children*, Volume 2, Number 1: "School-Linked Services." Los Altos, California: David and Lucile Packard Foundation.

National Association of State Boards of Education. (1990). *Today's Children, Tomorrow's Survival: A Call to Restructure Schools*. Alexandria, Virginia: National Association of State Boards of Education.

National Association of State Boards of Education. (1991). *Caring Communities: Supporting Young Children and Families*. Report of the National Task Force on School Readiness. Alexandria, Virginia: National Association of State Boards of Education.

National Center for Children in Poverty. (1990). *Five Million Children: A Statistical Profile of Our Poorest Young Children*. New York, New York: National Center for Children in Poverty, School of Public Health, Columbia University.

National Center for Education Statistics. (1990). *Digest of Education Statistics*. Washington, D.C.: National Center for Education Statistics.

National Coalition of Advocates for Students. (1991). *The Good Common School: Making the Vision Work for All Children*. Boston, Massachusetts: National Coalition of Advocates for Students.

National Commission on Children. (1991). *Beyond Rhetoric: A New American Agenda for Children and Families*. Washington, D.C.: National Commission on Children.

National Committee for Citizens in Education. (1991). "At the Heart of the Matter: Would a 'Hub' of Needed Services Improve Learning in Your Community's Schools?" *Network*, 17 (1), pp. 1-11.

National Education Goals Panel. (1992). *The National Education Goals Report: Building a Nation of Learners*. Washington, D.C.: U.S. Government Printing Office.

National Governors' Association. (1990). *Educating America: State Strategies for Achieving the National Education Goals*. Report of the Task Force on Education. Washington, D.C.: National Governors' Association.

National School Boards Association. (1991). *Link-Up: A Resource Directory*. Alexandria, Virginia: National School Boards Association.

Northwest Regional Educational Laboratory. (1991). *Integration of Education and Human Services Project: Conceptual Synthesis and Review of Community-Based Integration Activity*. Portland, Oregon: Northwest Regional Educational Laboratory.

Novello, A. C. (1991). "Healthy Children Ready to Learn: The Surgeon General's Initiatives for Children." *Journal of School Health*, 61, 8, 359-360.

Orland, M. (1990). "Demographics of Disadvantage: Intensity of Childhood Poverty and Its Relationship to Educational Achievement." In Goodlad, J. and Keating, P., editors. *Access to Knowledge: An Agenda for Our Nation's Schools*. New York, New York: The College Board.

Reese, W. (1986). *Power and the Promise of School Reform: Grass-Roots Movements During the Progressive Era*. Boston, Massachusetts: Routledge and Kegan Paul.

Sam Houston State University (1992). Research quoted in the *San Antonio Light*, October 12, 1992.

Schorr, L. (1989). *Within Our Reach: Breaking the Cycle of Disadvantage*. New York, New York: Doubleday.

Sedlak, M., and Church, R. (1982). *A History of Social Services Delivered to Youth, 1880-1977*. Final Report to the National Institute of Education, Washington, D.C.: National Institute of Education.

Sedlak, M., and Schlossman, S. (1985). "The Public School and Social Services: Reassessing the Progressive Legacy." *Educational Theory*, 35, pp. 371-383.

Southwest Educational Development Laboratory. (1990). *School-linked Services: Avenues to Achieving Quality Education for All*. Austin, Texas: Southwest Educational Development Laboratory.

Texas Business Education Coalition. (1990). *Restructuring Texas Education: A Framework for Change*. Austin, Texas: Texas Business Coalition.

Texas Education Agency. (1991). *Quality, Equity, Accountability: Long-Range Plan for Public Education 1991-95*. Austin, Texas: Texas Education Agency.

Texas Education Agency. (1992). *Expanding the Boundaries: Pilot Programs Established by the 71st Texas Legislature*. Austin, Texas: Texas Education Agency.

Texas Policy Academy. (1991). *On Families and Children at Risk*. Austin, Texas: Texas Policy Academy.

Texas State Board of Education. (1991). *Policy Statement on Middle Grade Education and Middle Grade Schools*. Austin, Texas: Texas Education Agency.

Texas State Board of Education. (1992). *Policy Statement on High School Education*. Austin, Texas: Texas Education Agency.

Tyack, D. (1992). "Health and Social Services in Public Schools: Historical Perspectives." In *The Future of Children*. Volume 2, Number 1: "School-Linked Services." Los Altos, California: David and Lucile Packard Foundation.

United States Department of Labor. (1990). *What Work Requires of Schools. A SCANS Report for America 2000*. Washington, D.C.: The Secretary's Commission on Achieving Necessary Skills, U.S. Department of Labor.

Urban Institute. (1992). "Translating Knowledge into Solutions for Children." Update, April 1992. Washington, D.C.: The Urban Institute.

U.S. Centers for Disease Control. (1992). Article in the *San Antonio Light*, October 16, 1992.

U.S. Senate Judiciary Committee. (1992). Article in *San Antonio Light*, October 2, 1992.

Waheed, K. (1992). "The Walbridge Caring Communities Program: Missouri's Collaborative Public-Private Partnership." Paper presented to the Council of Chief State School Officers.

Zimmerman, J. (1991). "Schools as Human Service Agency: Can Educators Tend All Ills?" *Far West Focus on Changing School Practice*, Fall 1991, pp. 1-4. San Francisco, California: Far West Laboratory for Educational Research and Development.

Appendix

America 2000 National Education Goals

By the year 2000:

- All children in America will start school ready to learn.
- The high school graduation rate will increase to at least 90 percent.
- American students will leave grades 4, 8, and 12 having demonstrated competency in challenging subject matter, including English, mathematics, science, history, and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our modern economy.
- U.S. students will be first in the world in science and mathematics achievement.
- Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.
- Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

Compliance Statement

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a nonsegregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964 AS AMENDED BY THE EQUAL EMPLOYMENT OPPORTUNITY ACT OF 1972; EXECUTIVE ORDERS 11246 AND 11375; EQUAL PAY ACT OF 1964; TITLE IX, EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED; IMMIGRATION REFORM AND CONTROL ACT OF 1986; AMERICANS WITH DISABILITIES ACT OF 1990; AND THE CIVIL RIGHTS ACT OF 1991.

The Texas Education Agency shall comply fully with the nondiscrimination provisions of all federal and state laws, rules, and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any educational programs or activities which it operates on the grounds of race, religion, color, national origin, sex, disability, age, or veteran status (except where age, sex, or disability constitutes a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency is an Equal Employment Opportunity/ Affirmative Action employer.

Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701-1494
GE3 500 03